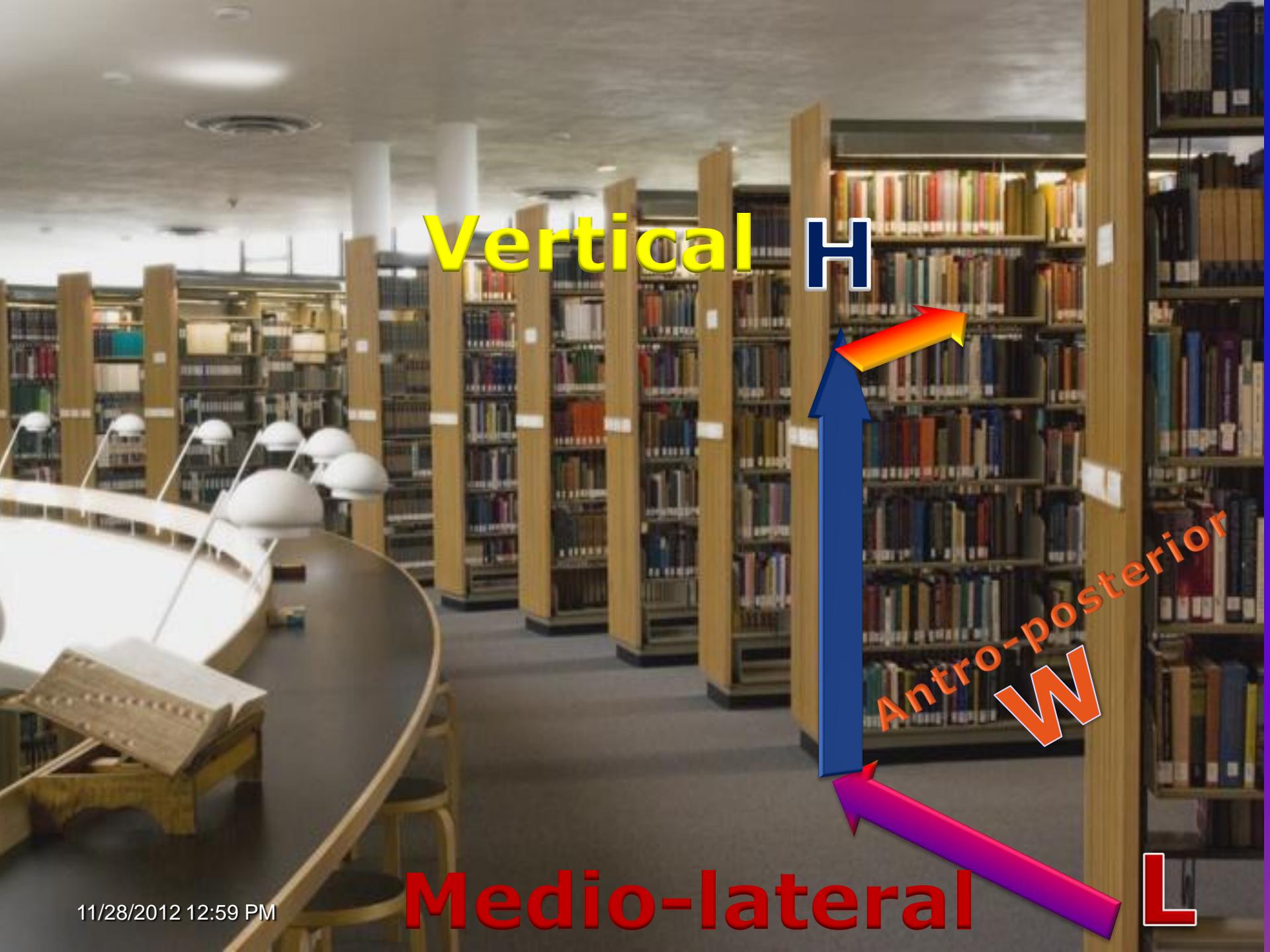


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RECORDING JAW RELATIONSHIPS

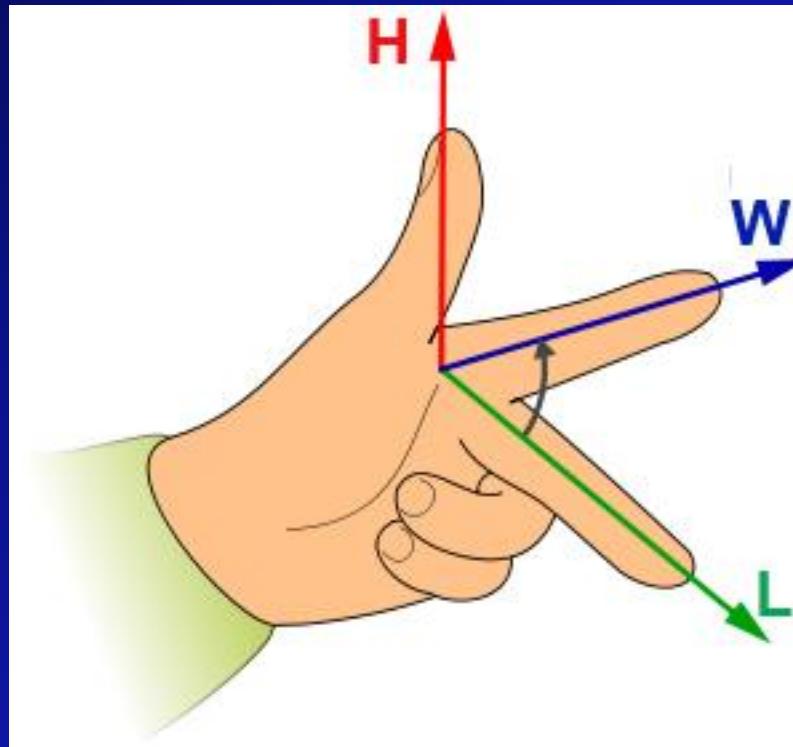


Vertical H

Medio-lateral

Antro-posterior W L

3 D. OF ANY BODY



I- THE VERTICAL DIMENSION

**II- THE HORIZONTAL RELATIONSHIP
(CENTRIC RELATION)**

A- Medio-lateral

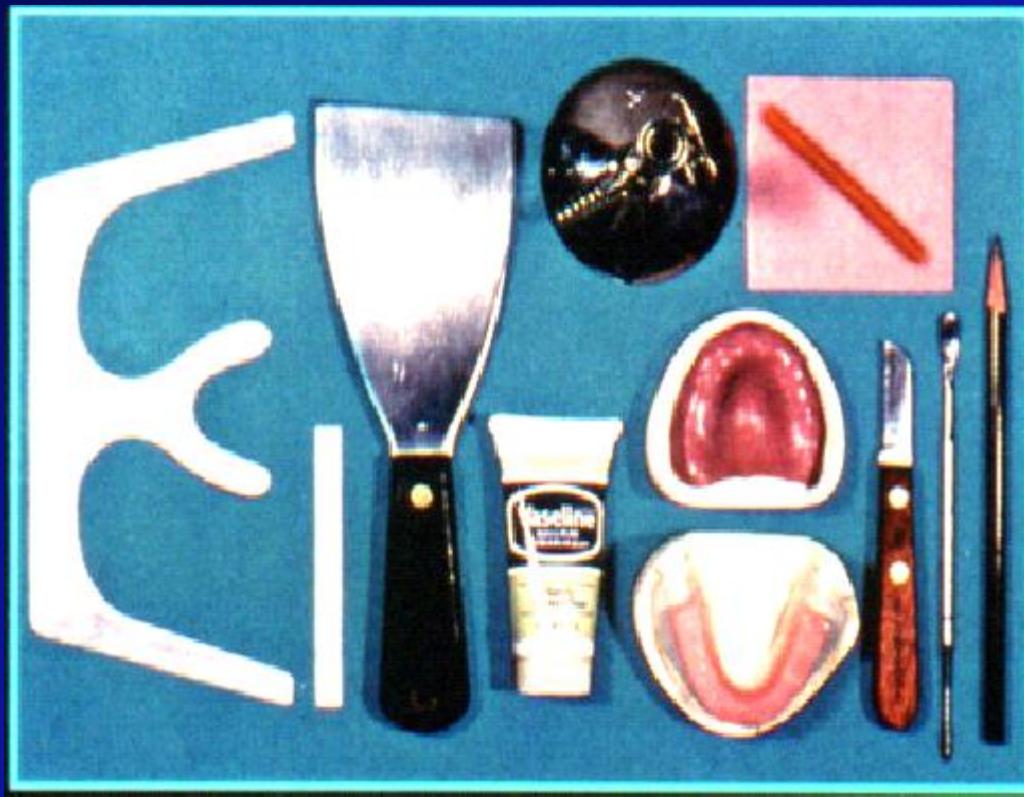
B- Antro-posterior

Recording jaw relations

- I. *Adjustment of the upper record blocks*
- II. *The vertical dimension*
- III. *The horizontal relationship (centric relation)*

Transfer patient's maxillo-mandibular relations to articulator

Equipment

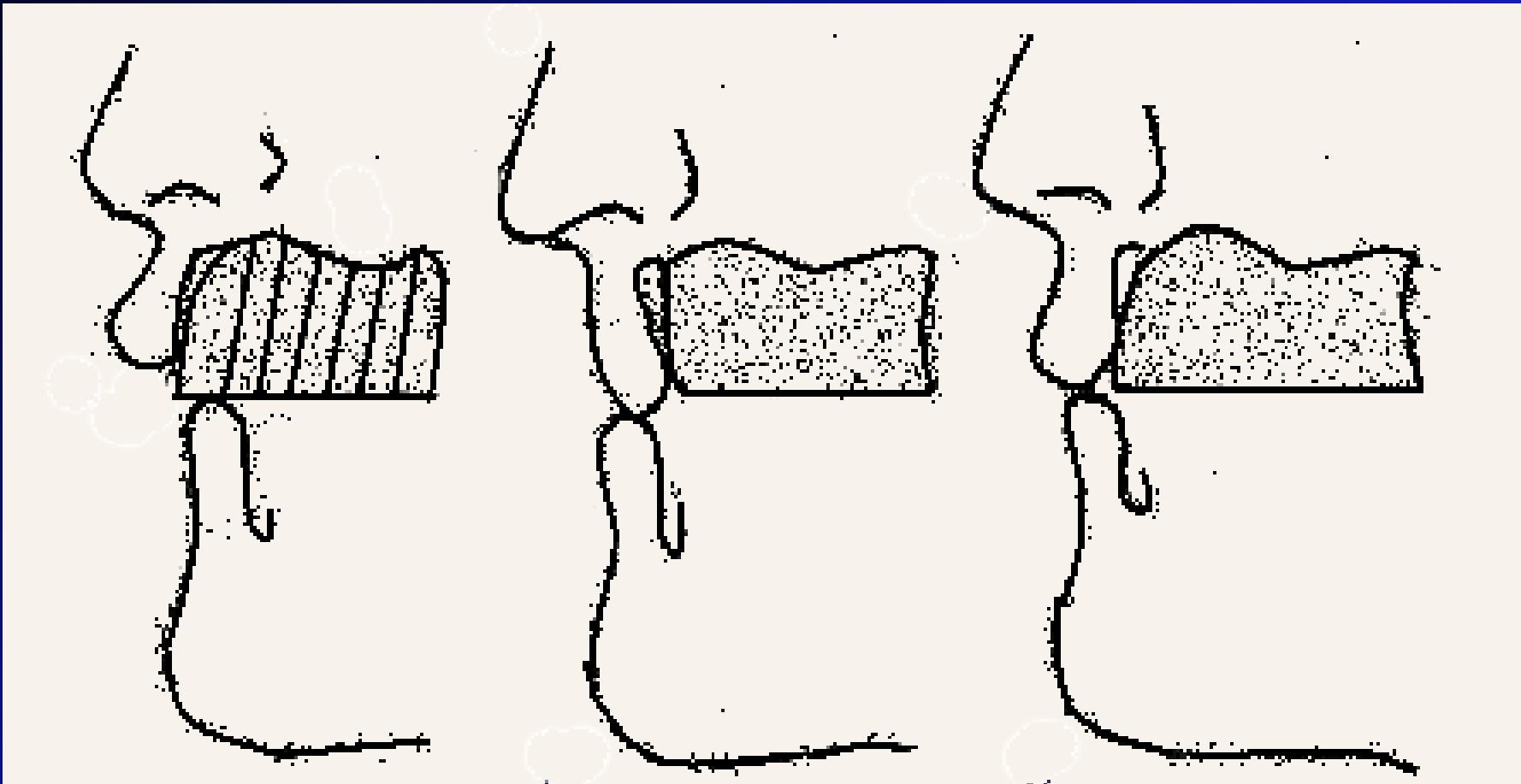


I- ADJUSTMENT OF THE UPPER RECORD BLOCKS

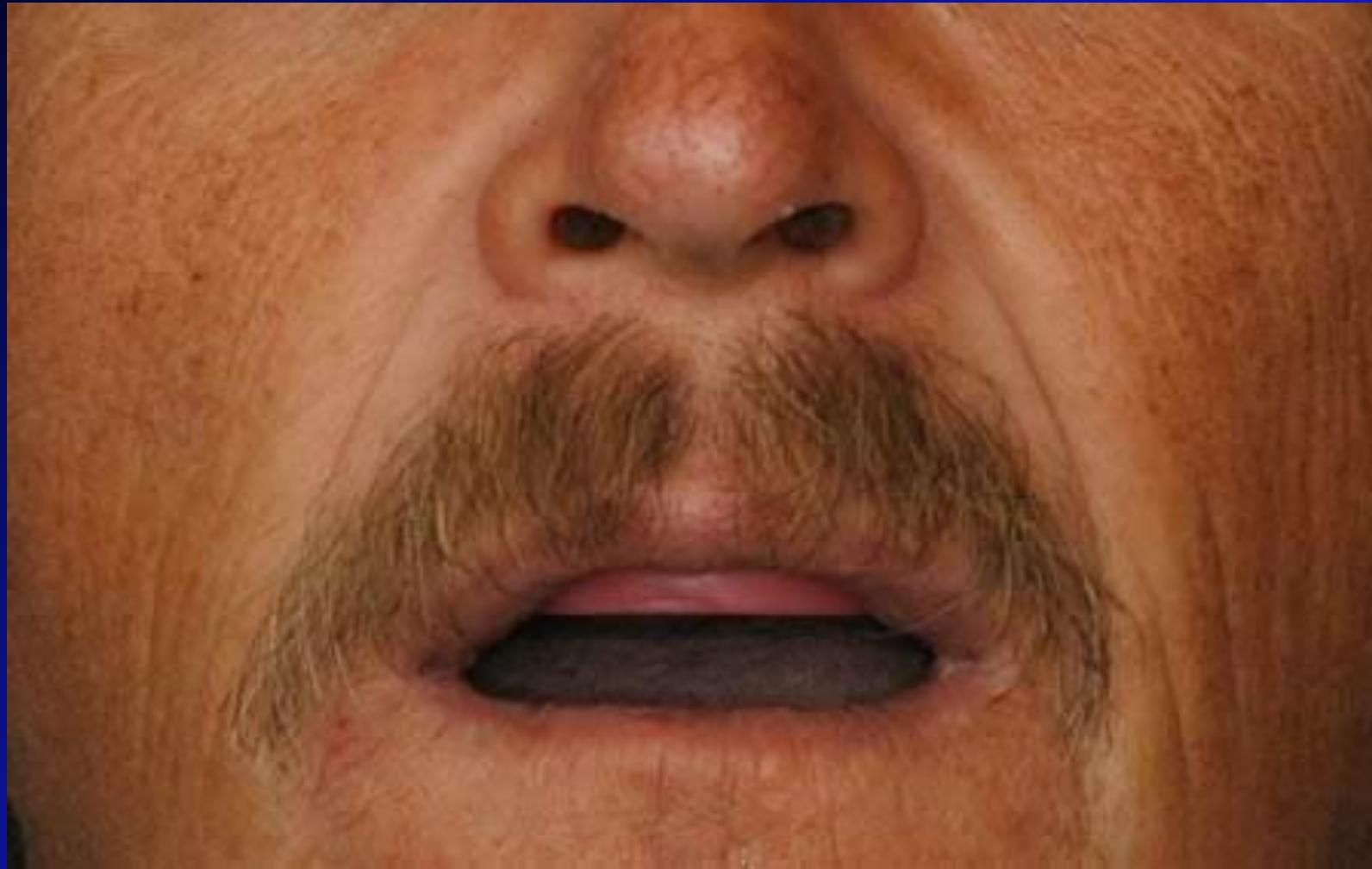
I- ADJUSTMENT OF THE UPPER RECORD BLOCKS

- 1. Labial Fullness**
- 2. The Height of the Rim**
- 3. Anterior Plane**
- 4. Anteroposterior Plane**
- 5. Post-Damming**
- 6. Guide Lines**

A- Labial Fullness



B- The Height of the Rim



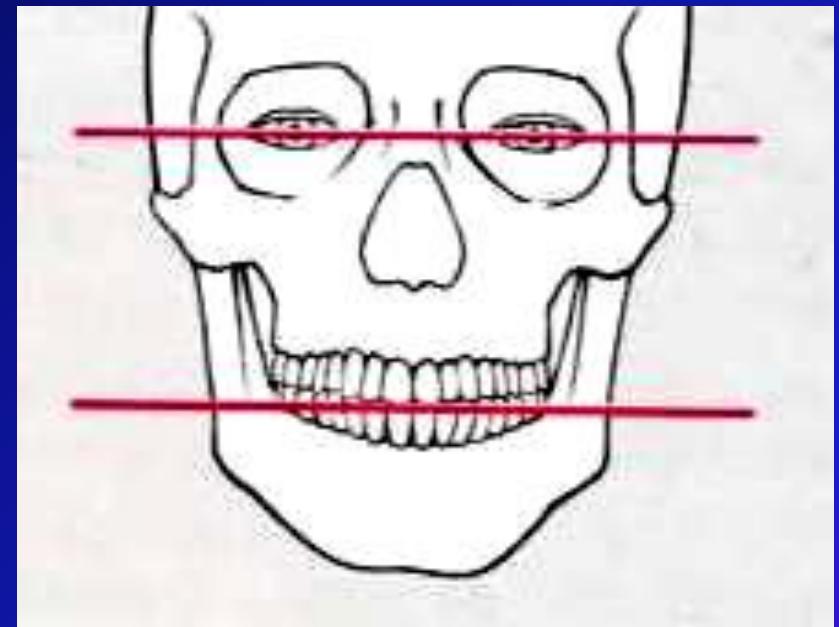
A greater length of teeth than normal will be shown if the patient has:

- (a)A short upper lip.
- (b)Superior protrusion.

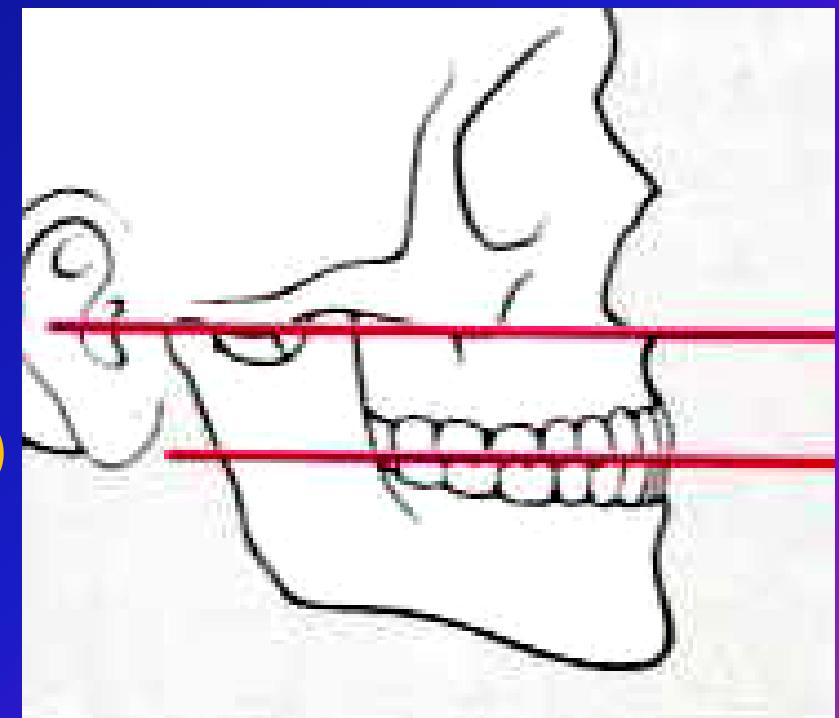
Less will be shown with:

- (a)long upper lip.
- (b)In most old people (loss of tone of the orbicularis muscle).

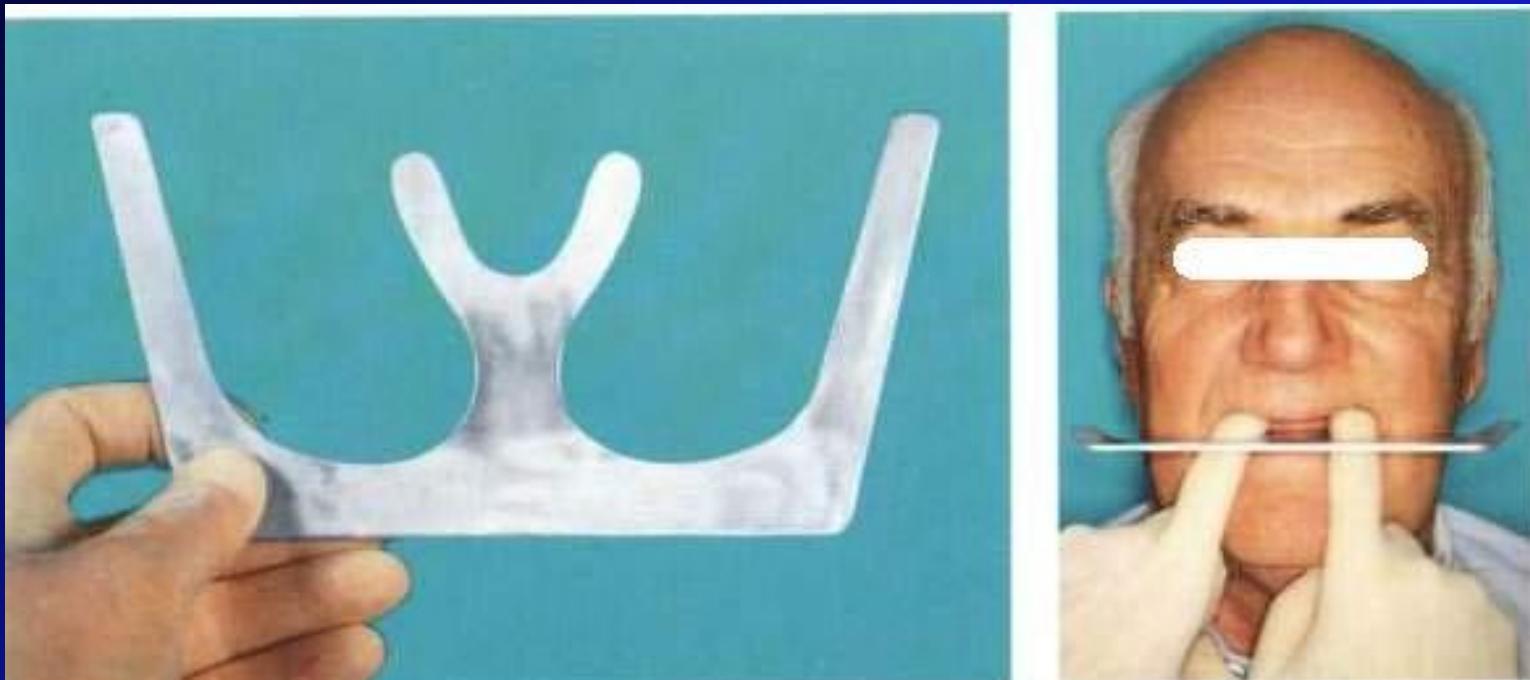
C- Anterior Plane



D- Anteroposterior Plane (ala-tragus or Camper's line)



Adjustment of the anterior occlusal plane



Occlusal plane indicator (Fox plane)

Adjustment of the anteroposterior occlusal plane



E- The Position of the Posterior Palatal Border (Post-Damming)

The vibrating line



The depth of post dam is determined by checking compressibility of tissue



Function of posterior palatal seal:

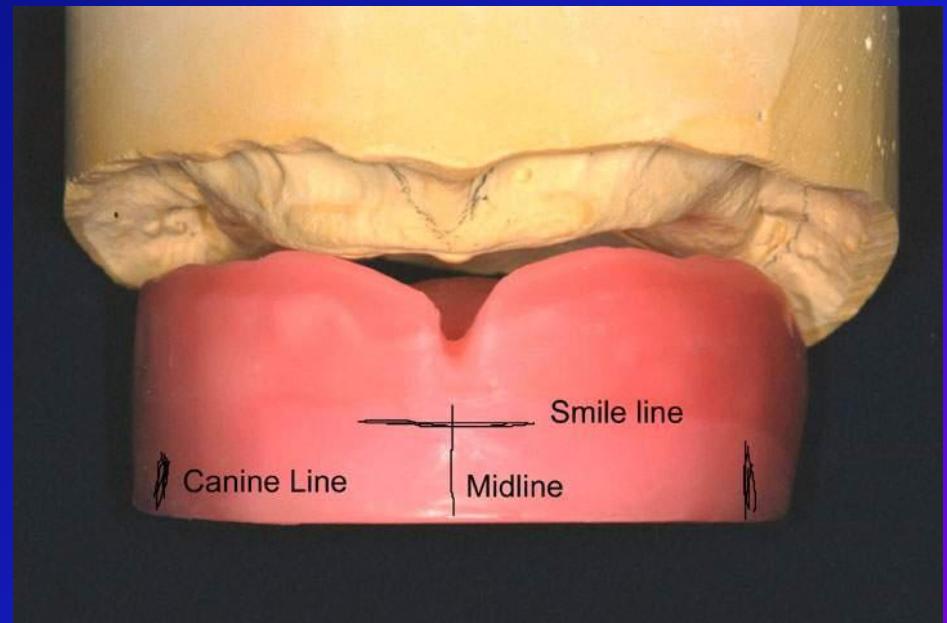
1. It increases **retention** of the denture by atmospheric pressure.
2. It **prevents** air and food from getting under the denture.
3. It **reduces reflex irritation and gag** by reducing patient awareness of this area, since there should be no separation of the denture base and soft palate during normal functional movements.
4. Making the **thickness of the base less conspicuous** to the tongue, as, the posterior denture border will approximate the soft tissues.
5. It **compensates for dimensional changes** that are inherent in the laboratory procedures.

F- Guide Lines

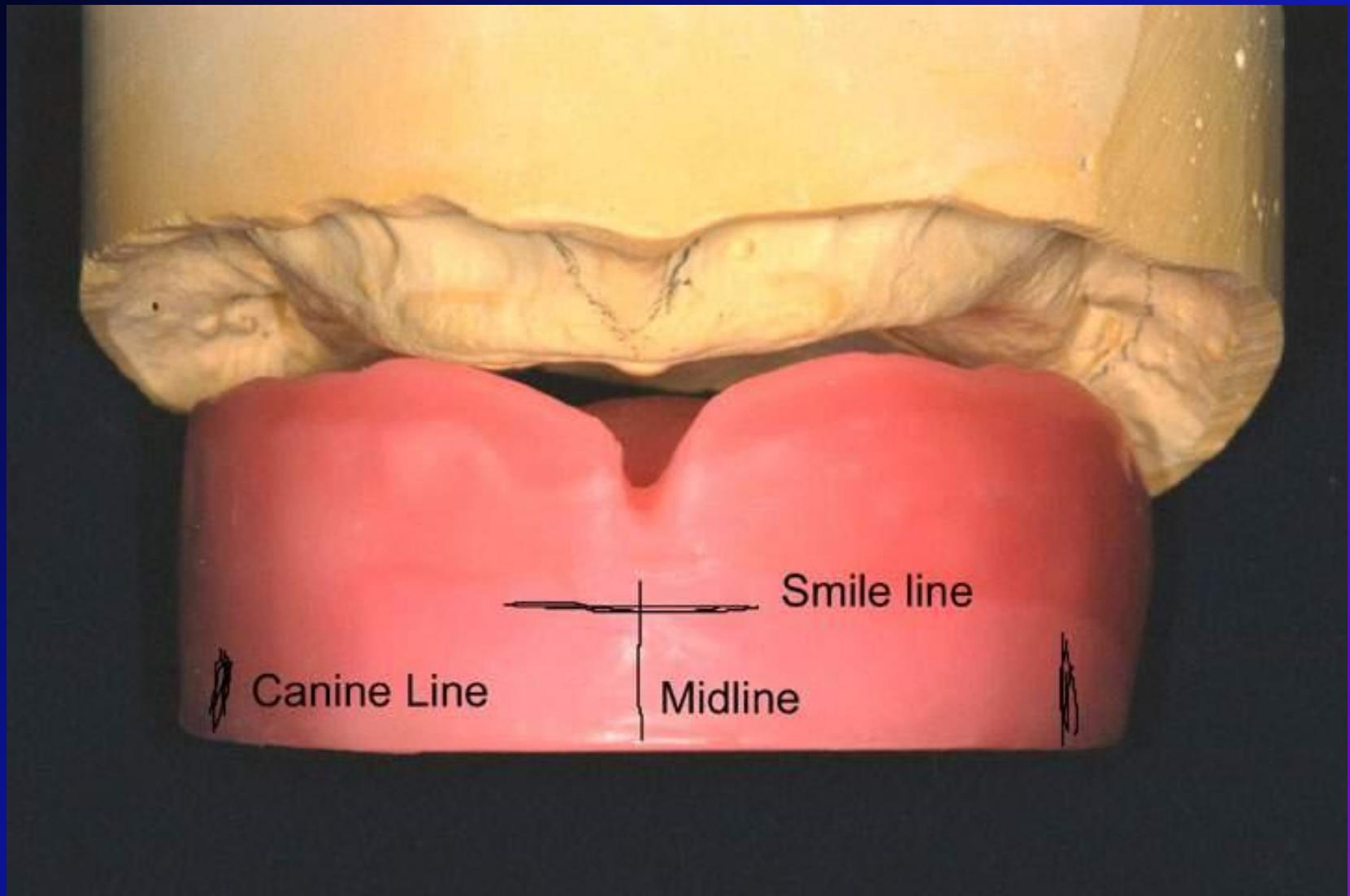
1- The center line



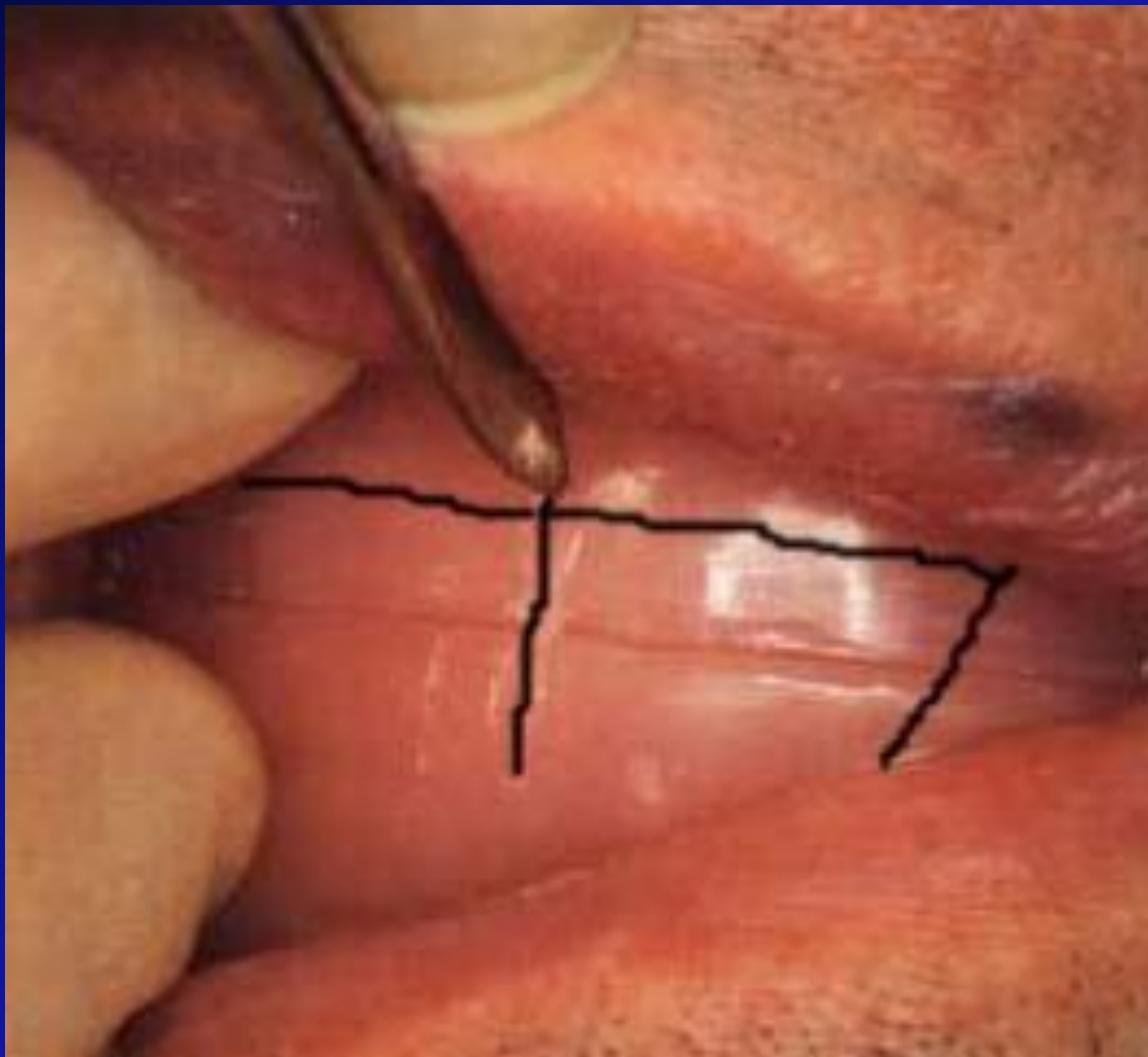
View = setting the midline



2- The high lip line



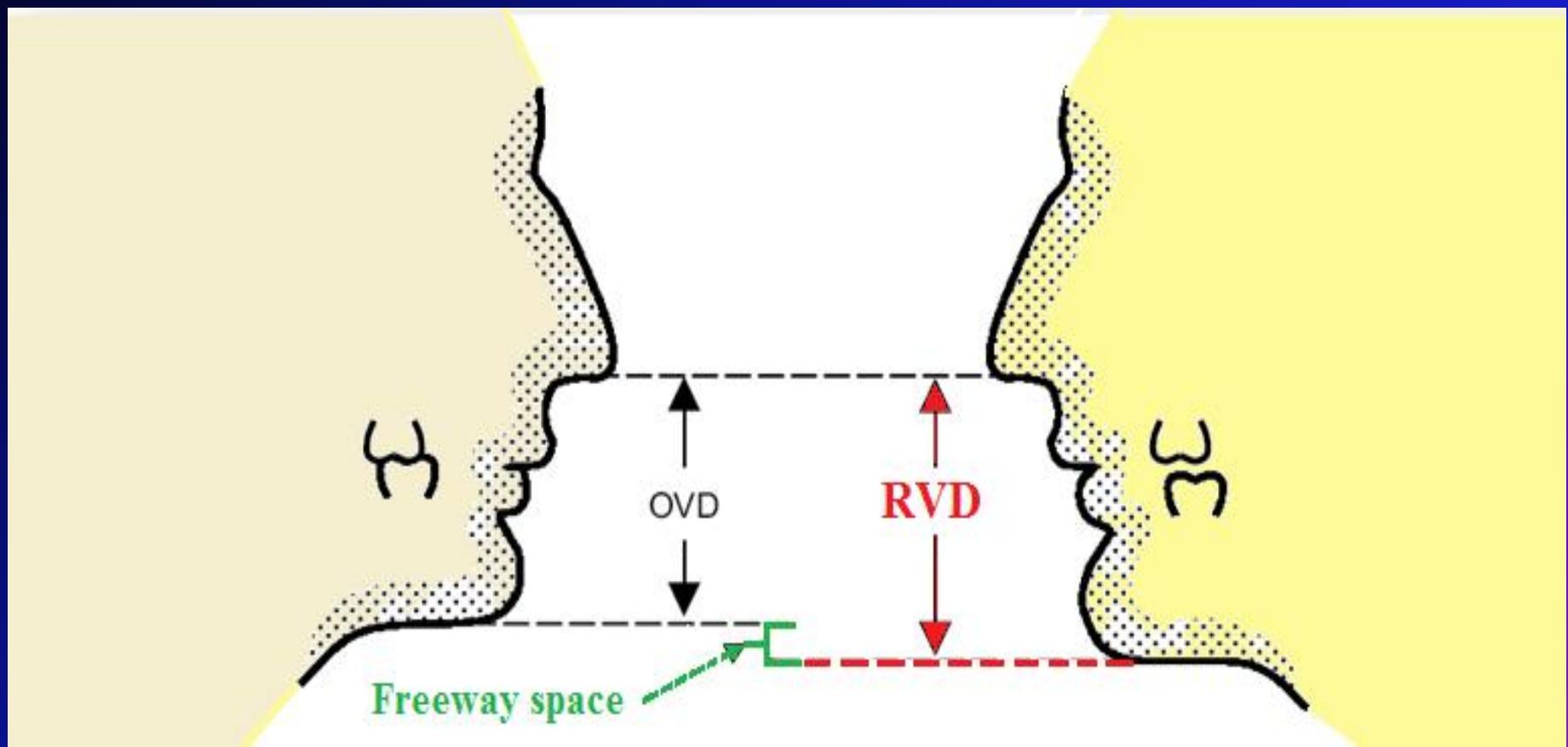
3- The corner line.



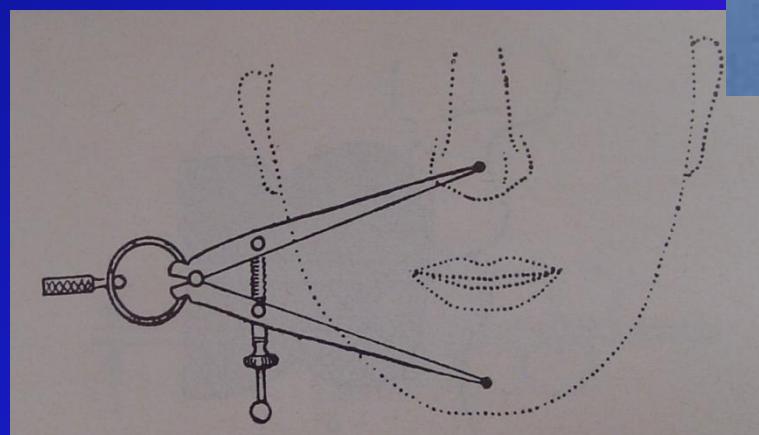
II- THE VERTICAL DIMENSION

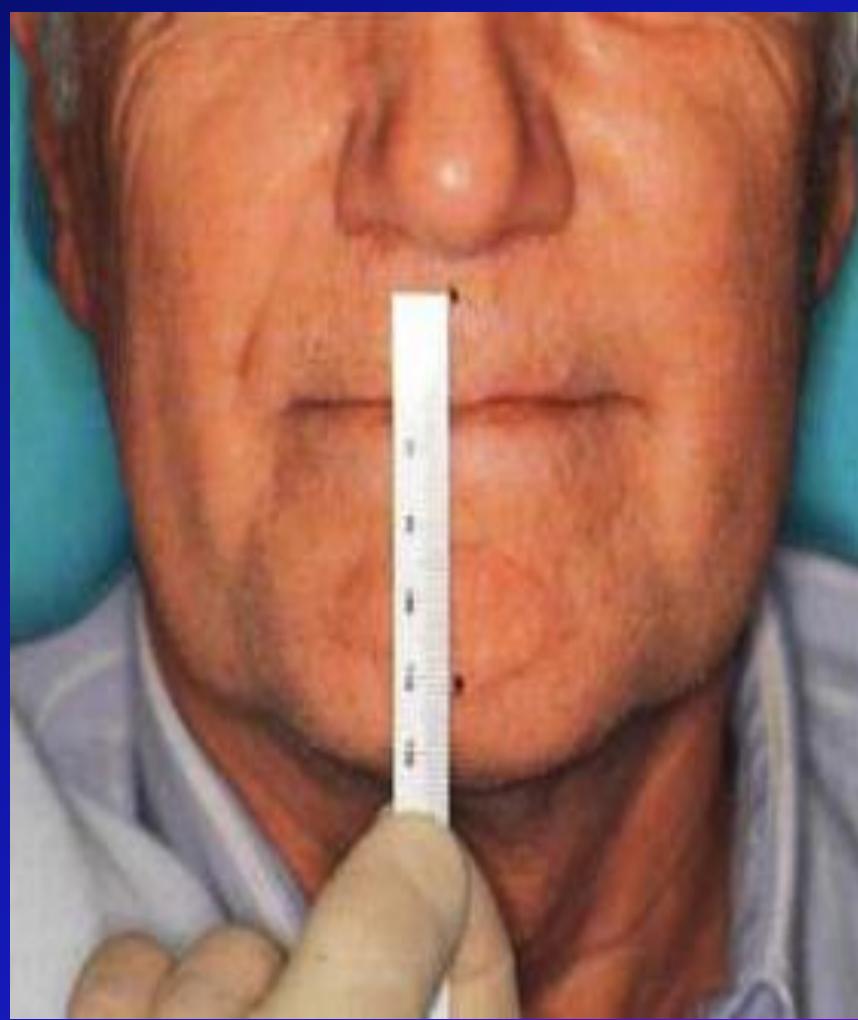
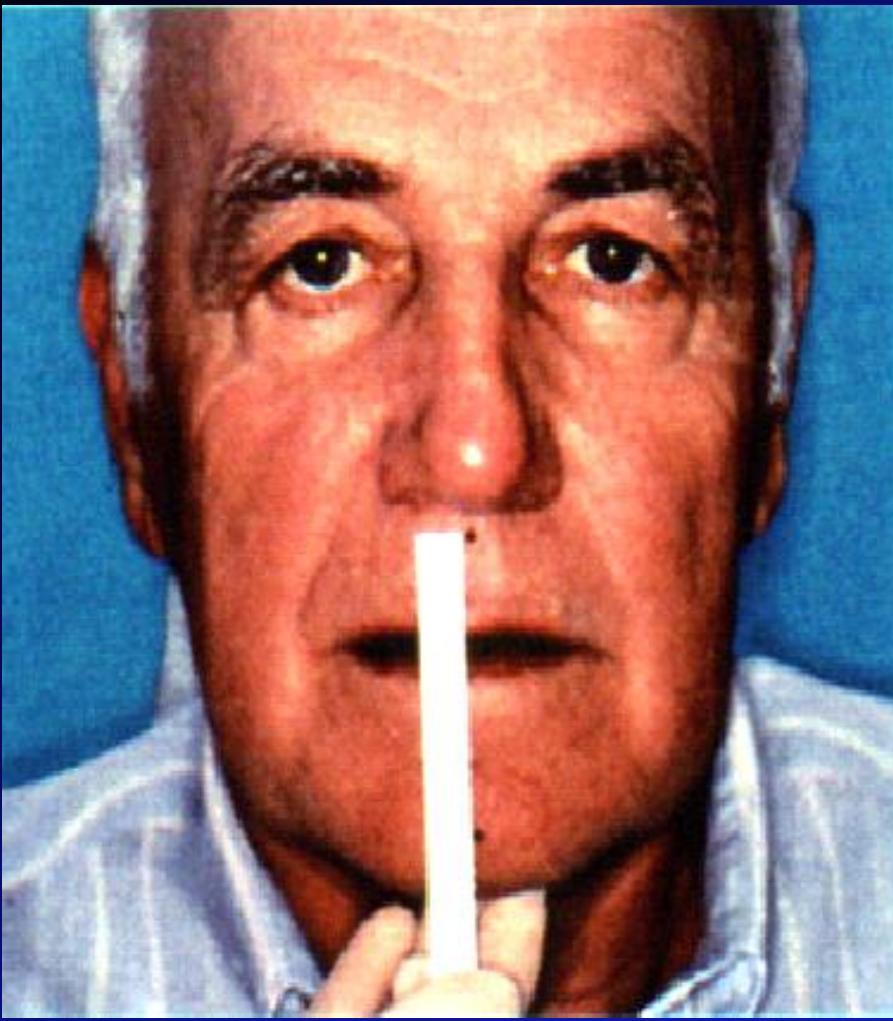
Techniques of recording the vertical dimension of occlusion

A- Rest Position (Free Way Space) Measurement



Measuring the VD by a divider or by a caliper





11/28/2012 12:59 PM

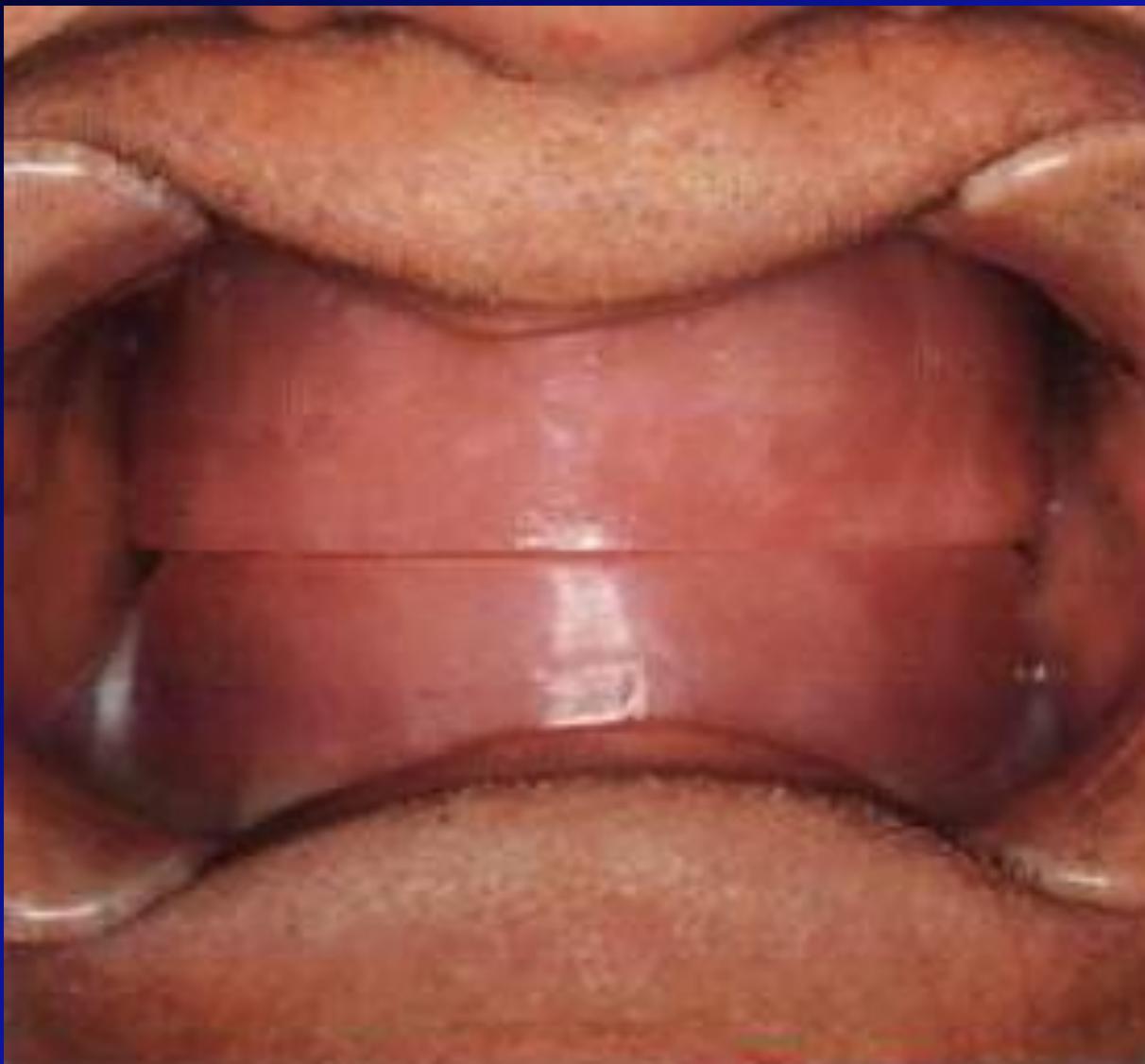


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Patient sitting upright

Soft tissue position affected by posture



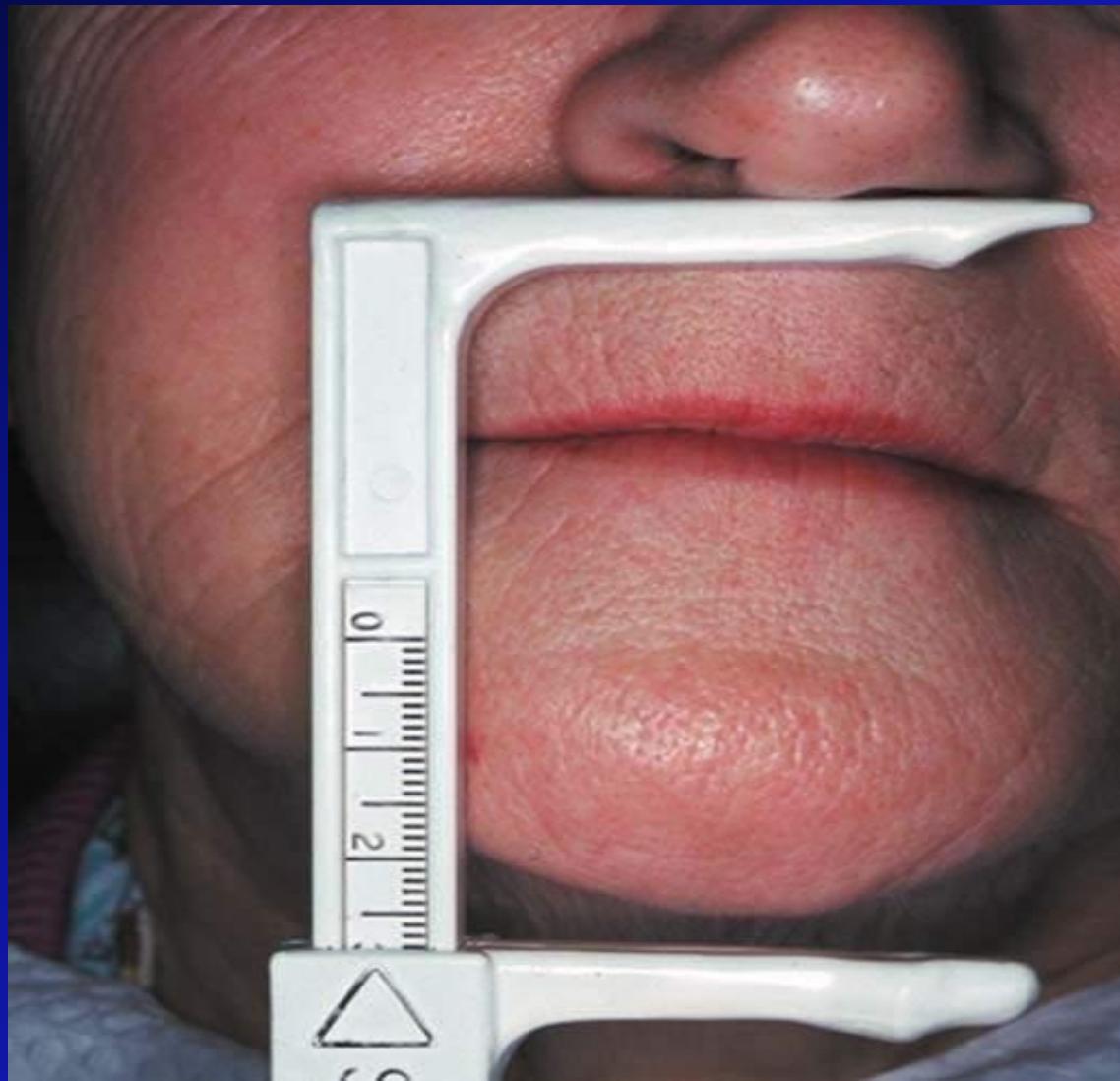


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B- Willis Measurement



Nose-chin distance = Canthus- commissure distance



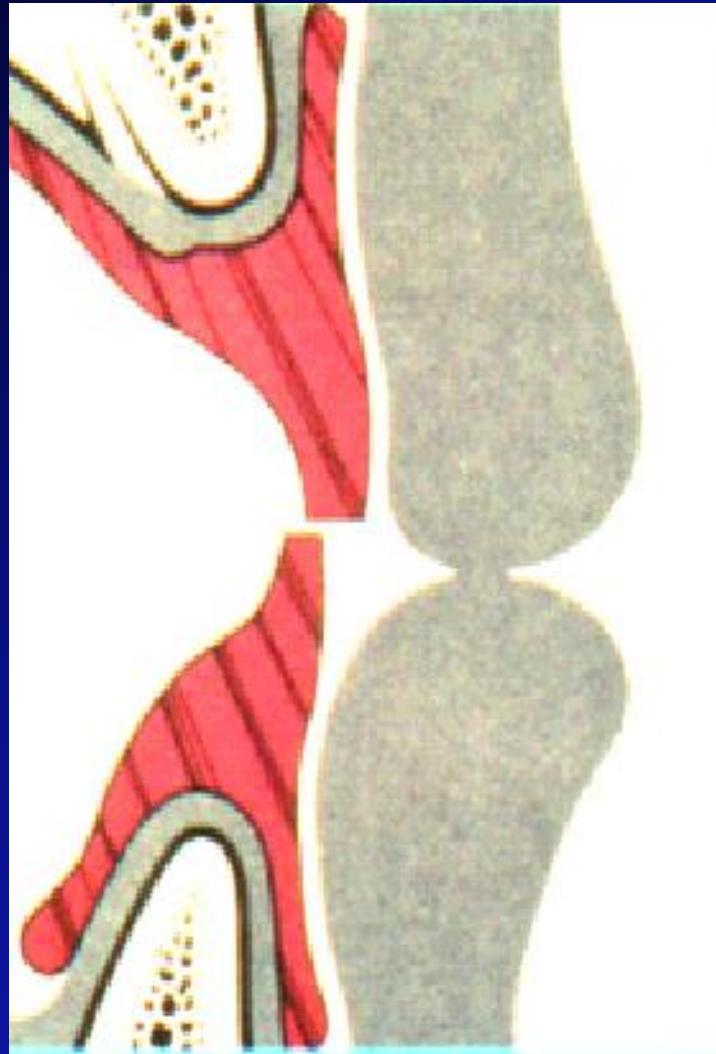
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C- Facial Expression

- The dentilabial sulcus
- The Nasolabial sulcus
- Check for freeway space







Lip support



Equal thirds

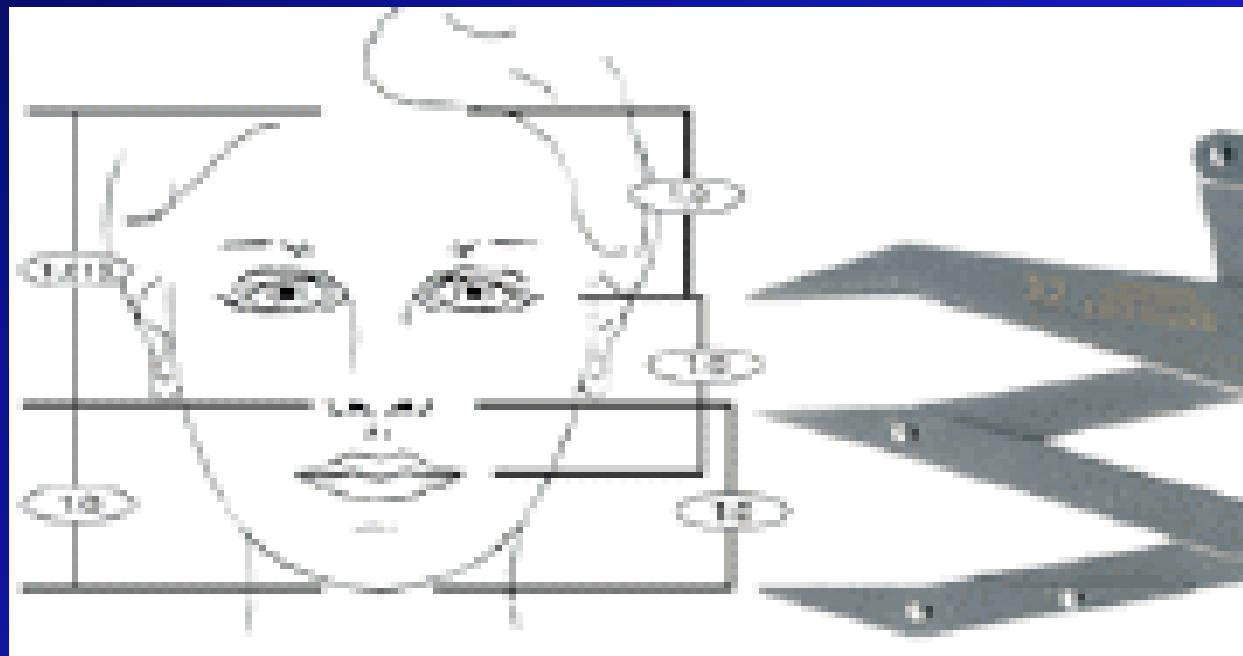
D- Pre-extraction Records

- *1- Facial measurements*
- *2- Contour wire (profile tracing)*
- *3-Articulated models*
- *4- Acrylic resin face mask*
- *5-Profile radiograph or photograph*

E- Golden proportion

•GOLDEN RULER

The Golden Ruler enables the dentist to measure the vertical dimension easily and simply.





Aids in the comparison of facial proportions to produce good esthetic.

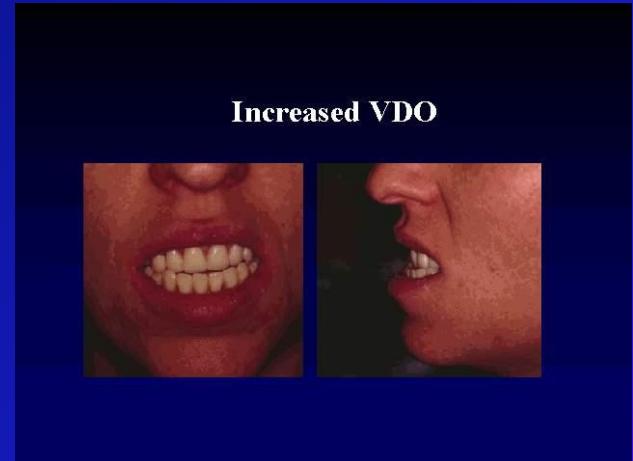
EFFECTS OF EXCESSIVELY INCREASING VDO

Discomfort

Trauma

Clicking of Teeth

Appearance



EFFECTS OF EXCESSIVELY REDUCING VDO

Inefficiency

Cheek biting

Appearance

TMJ troubles

Angular chelitis



III- THE HORIZONTAL RELATIONSHIP

(CENTRIC RELATION)

Methods for registration of Centric relation

1. The interocclusal registration method
2. The central bearing point
(Gothic arch tracing) method.

I- Interocclusal Registration of Centric Relation

Difficulties of Retruding the Mandible

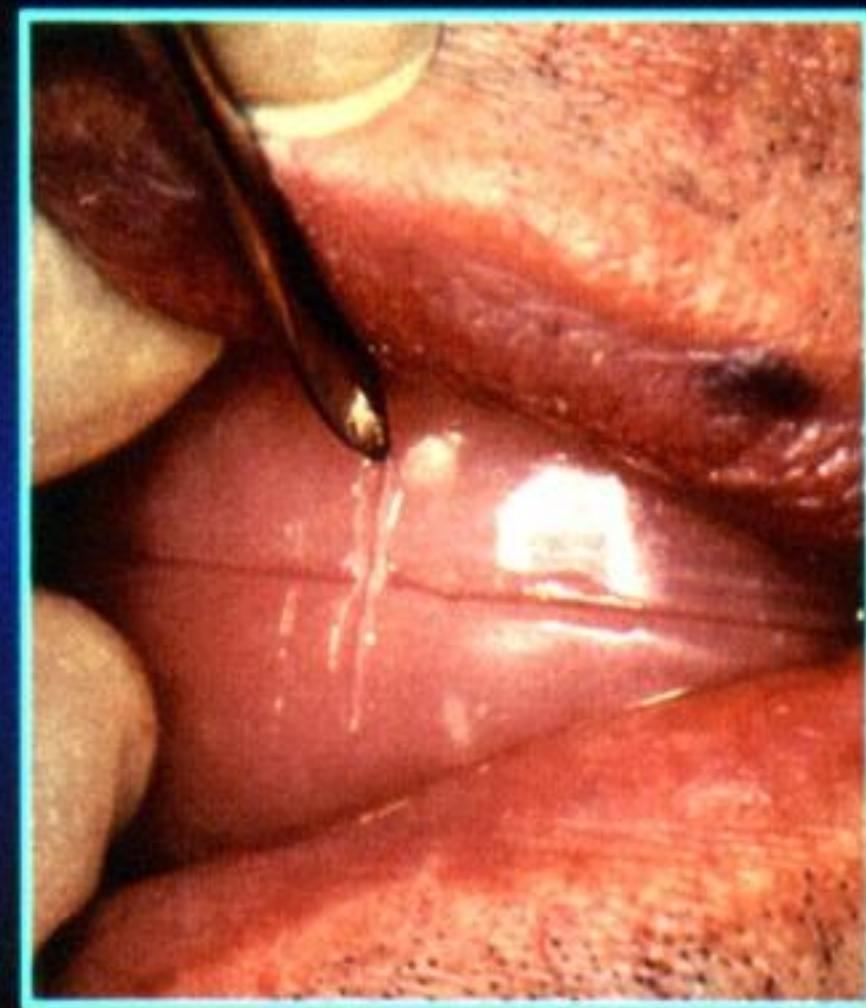
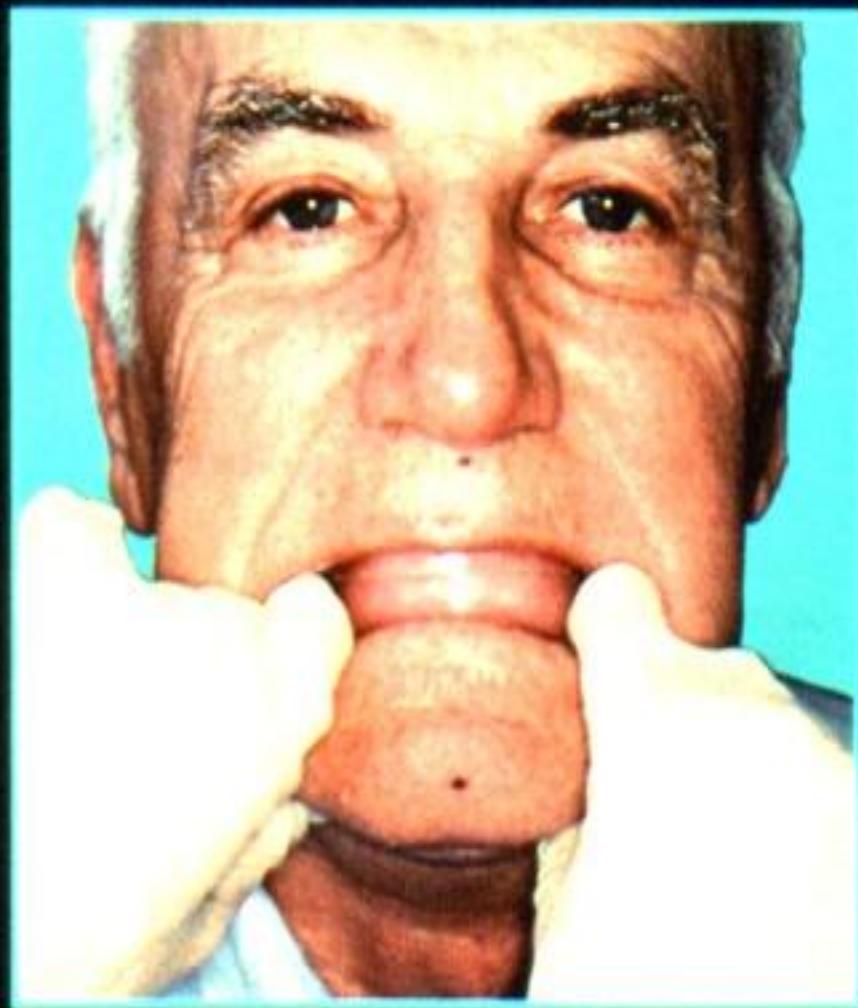
- Individuals, who have been without teeth for some considerable time.
- Many patients with only the natural anterior teeth standing.

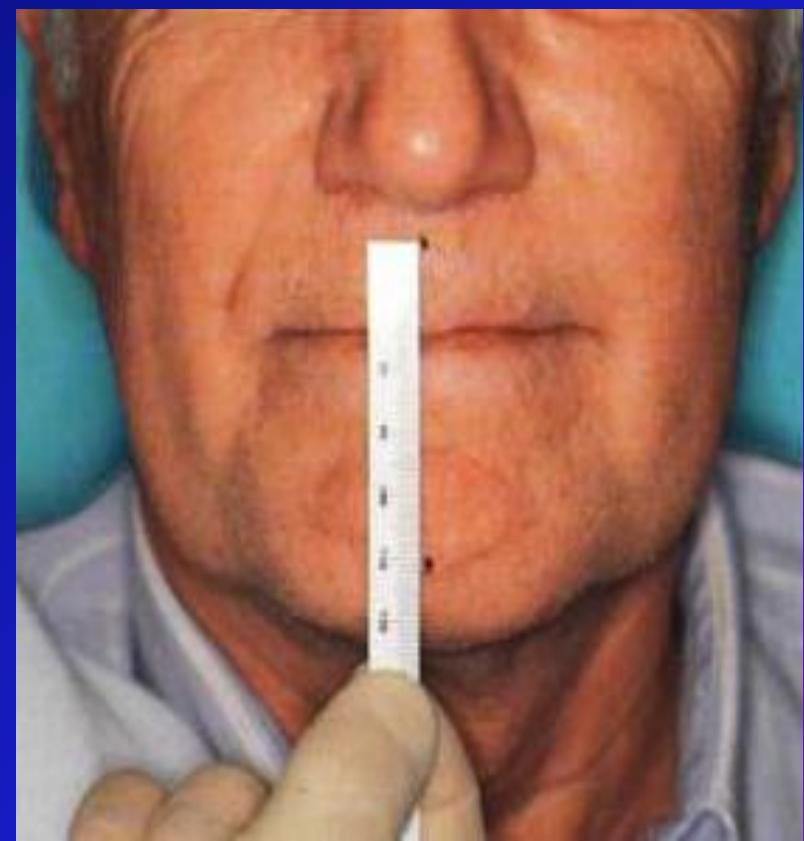
Aids to retrude the mandible

Always ask the patient to close, never ask him to bite

- Tongue retrusion
- Relaxation
- Swallowing
- Fatigue
- Head position
- The temporalis muscle check

HORIZONTAL MAXILLOMANDIBULAR RELATIONSHIP RECORDS



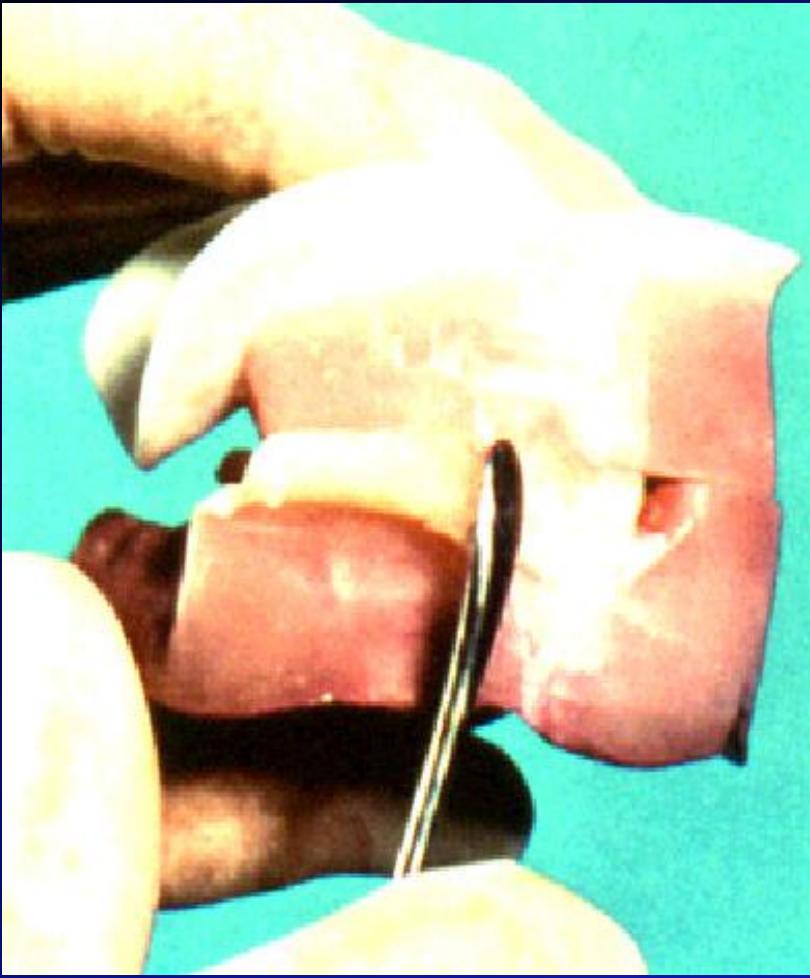


**V-SHAPED NOTCHES ARE
CUT IN THE LOWER RIM**



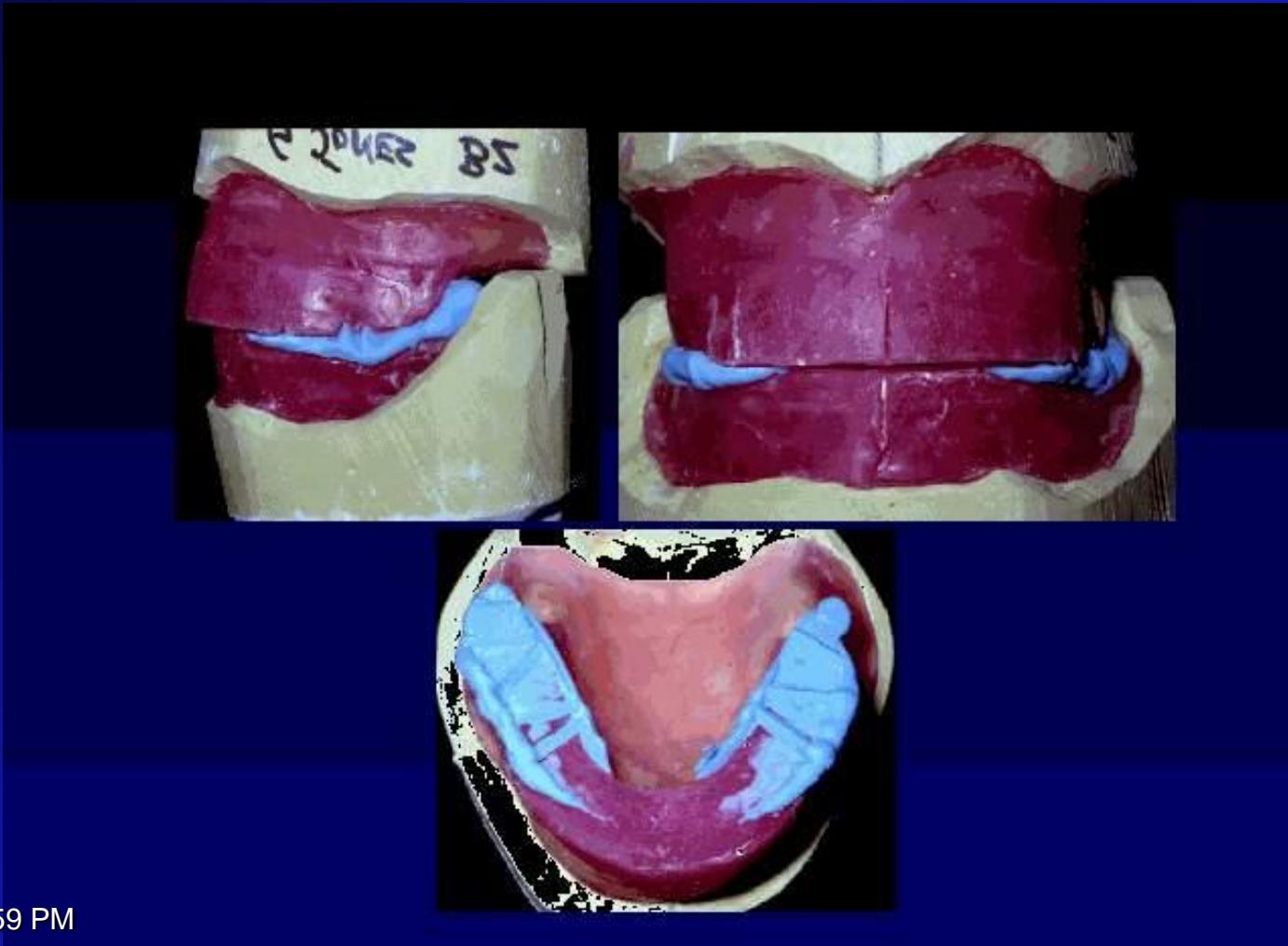
Wax interocclusal record

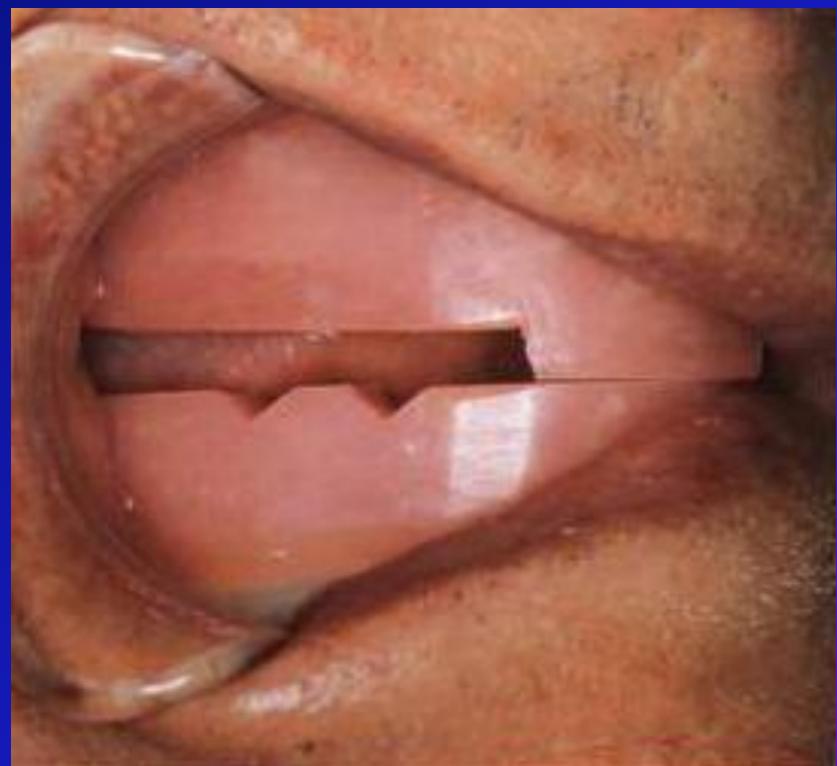
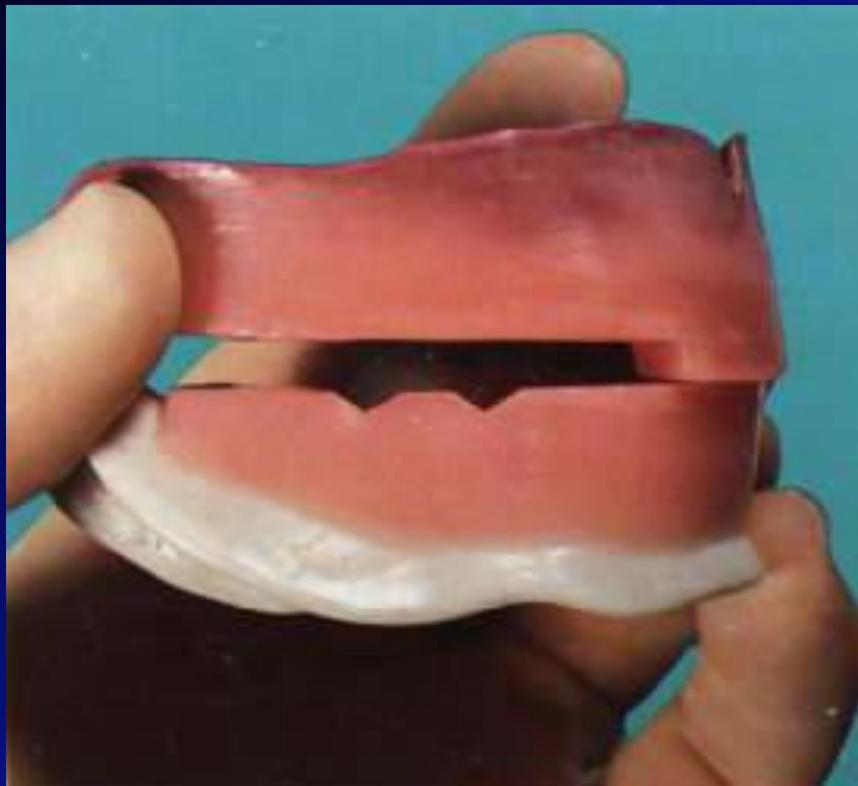


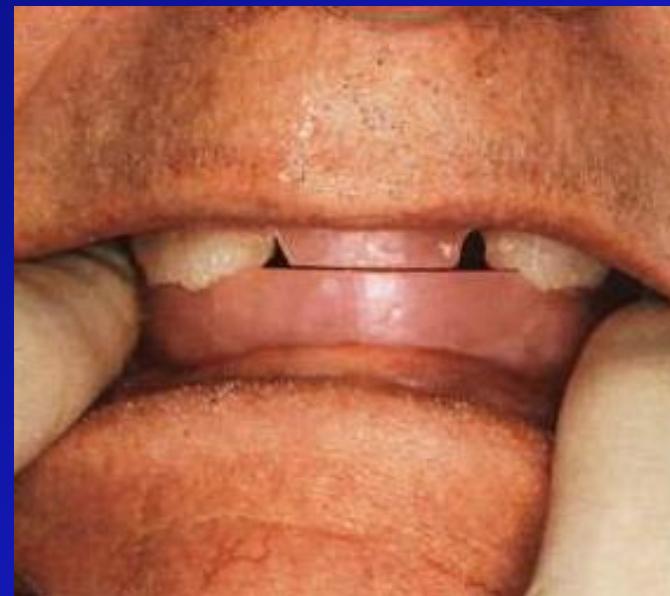
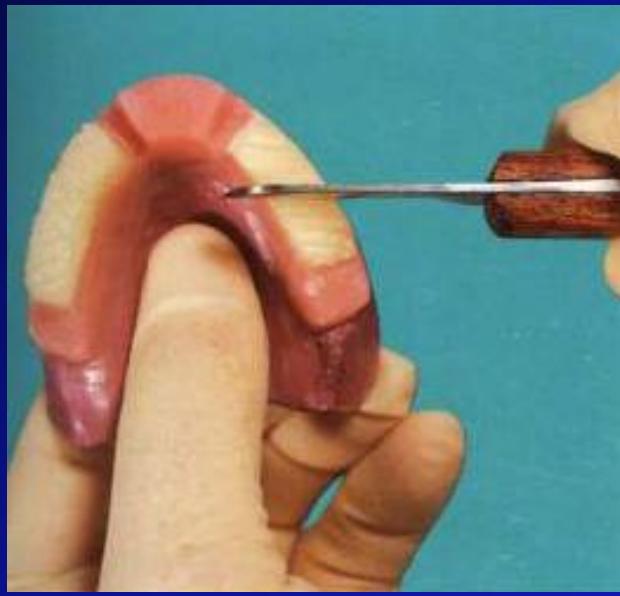


Excess wax is removed

Zinc-oxide paste is used as interocclusal material

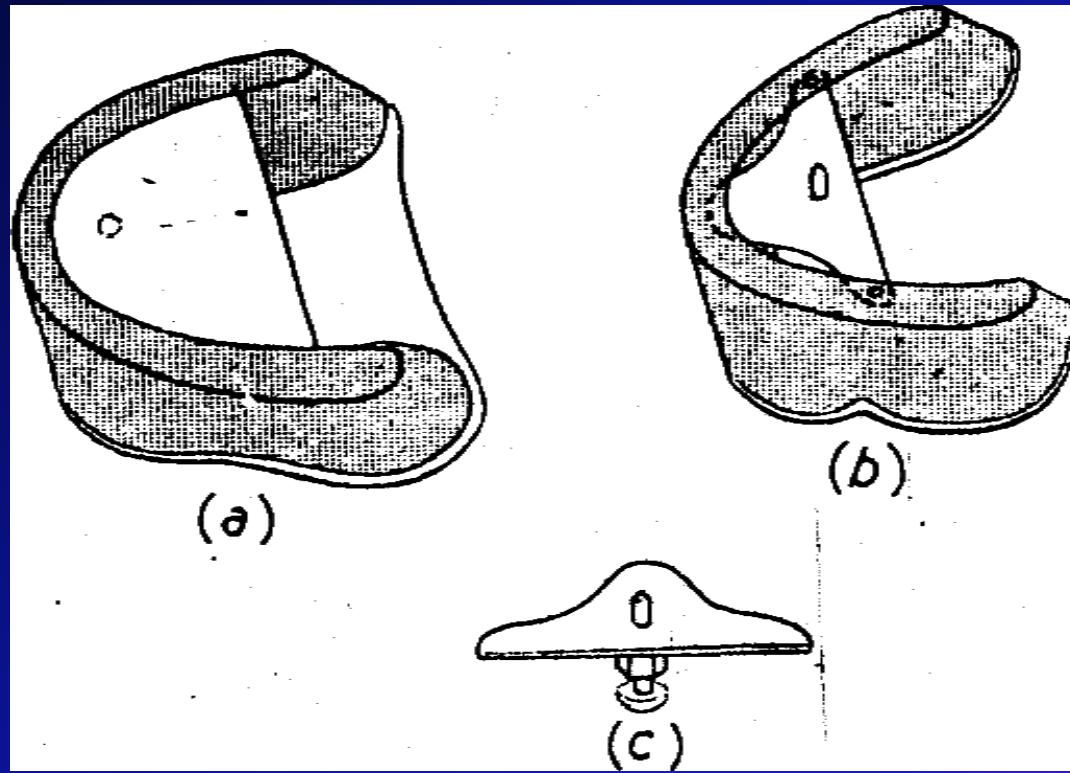








II- Gothic Arch Tracing

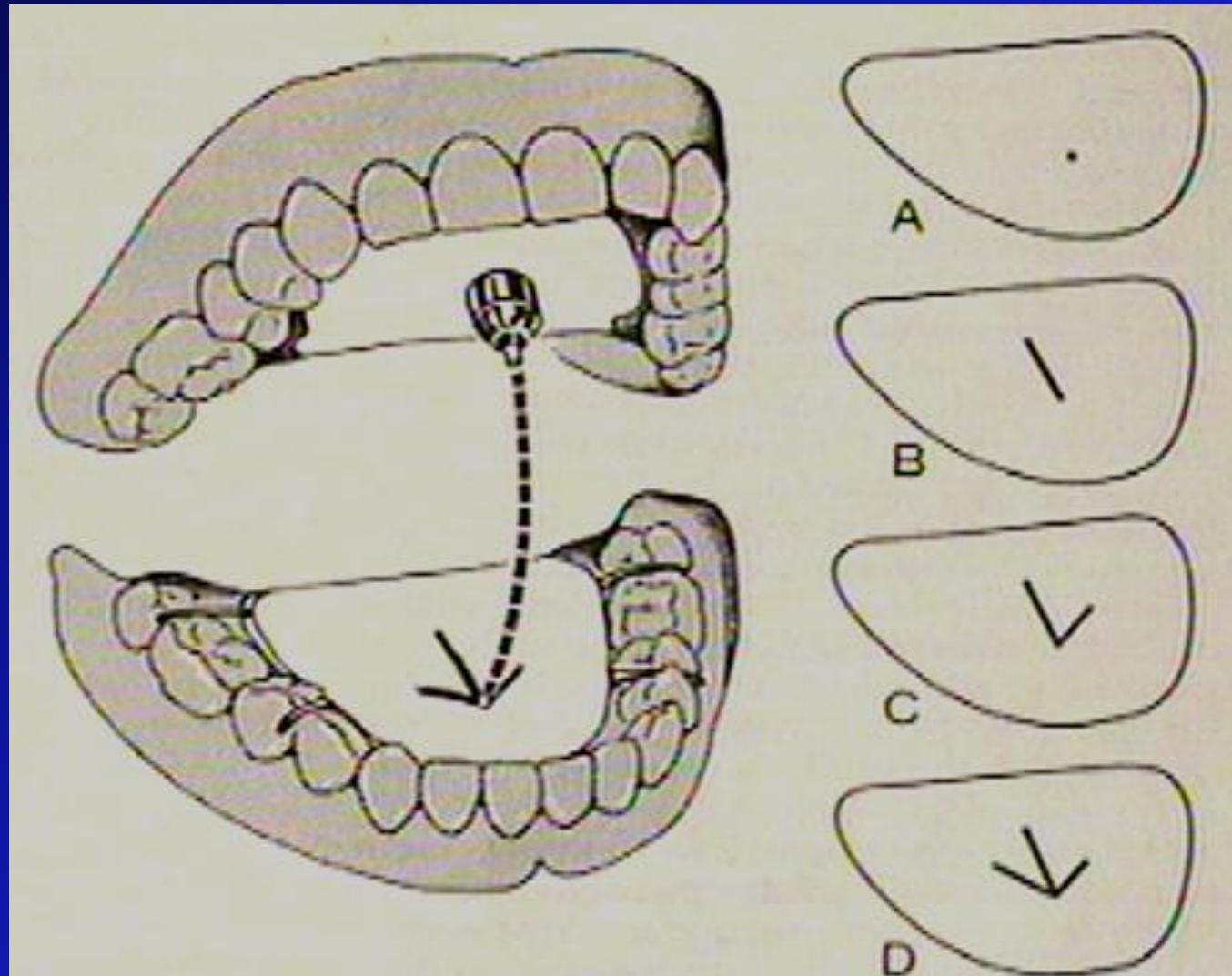


- a) A tracing plate.
- b&c) A carrier with a pointed stylus (tracing point) And a locking disc

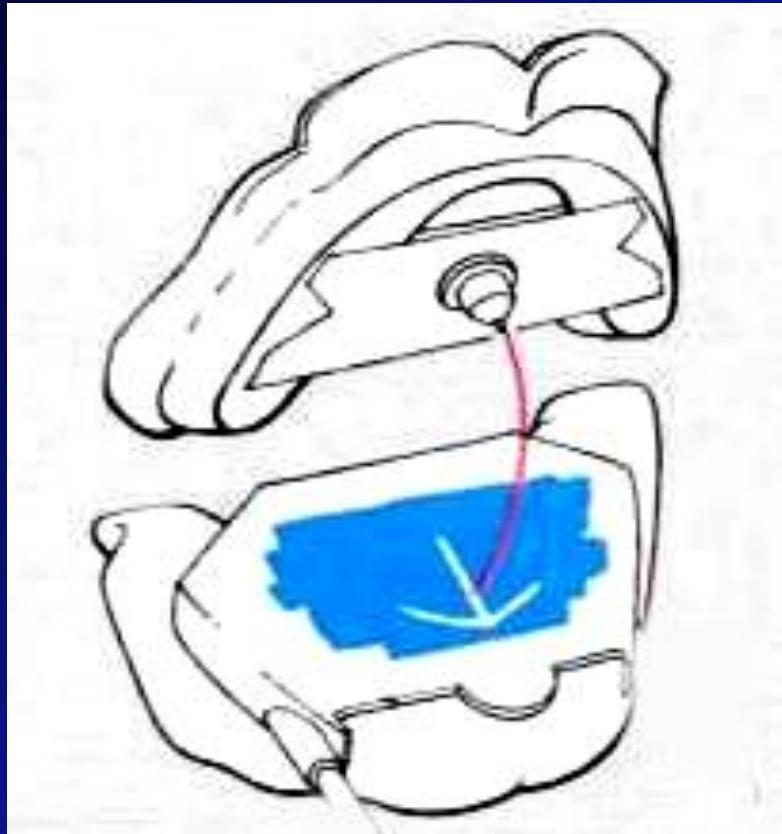
Gothic arch tracing



The tracing procedure



The recording pin do the tracing on the plate

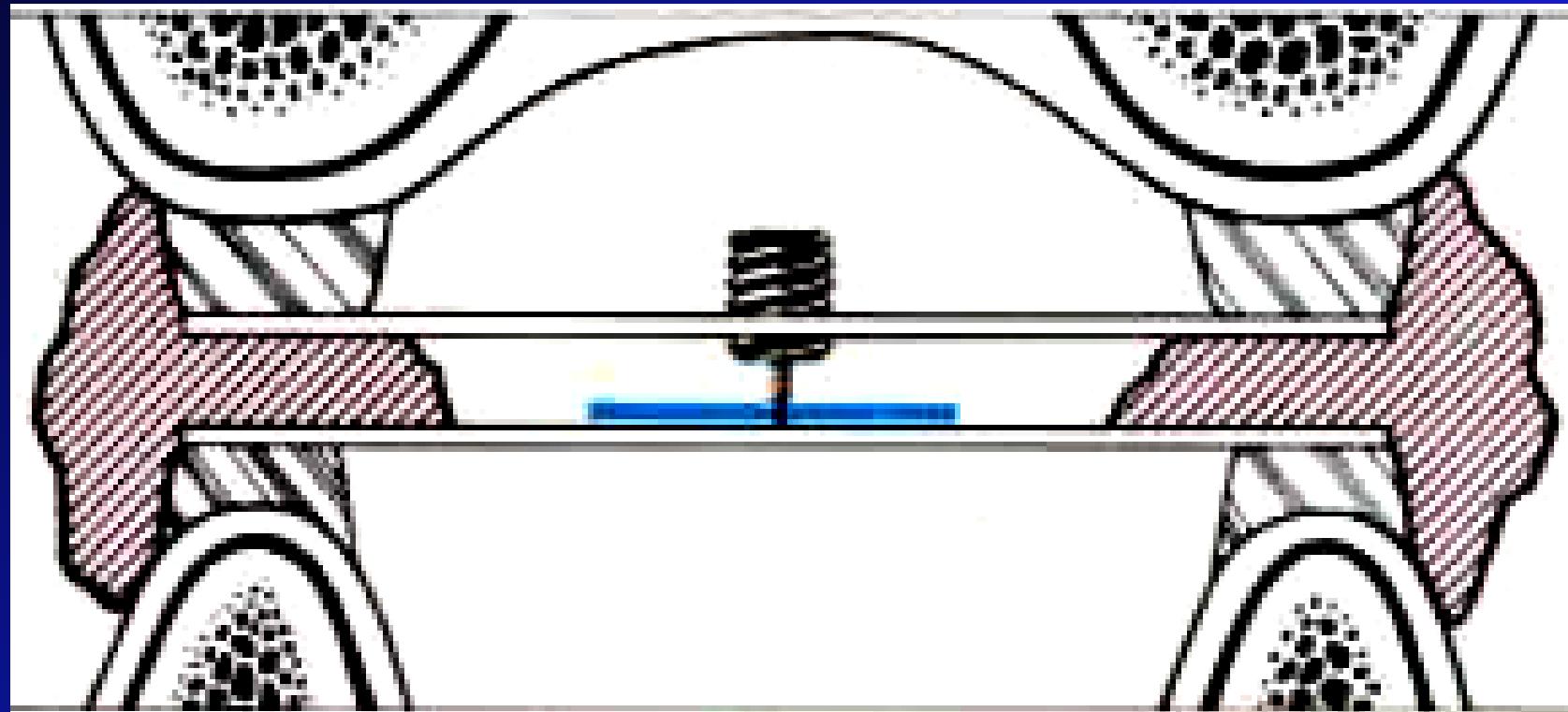


The tracing procedure

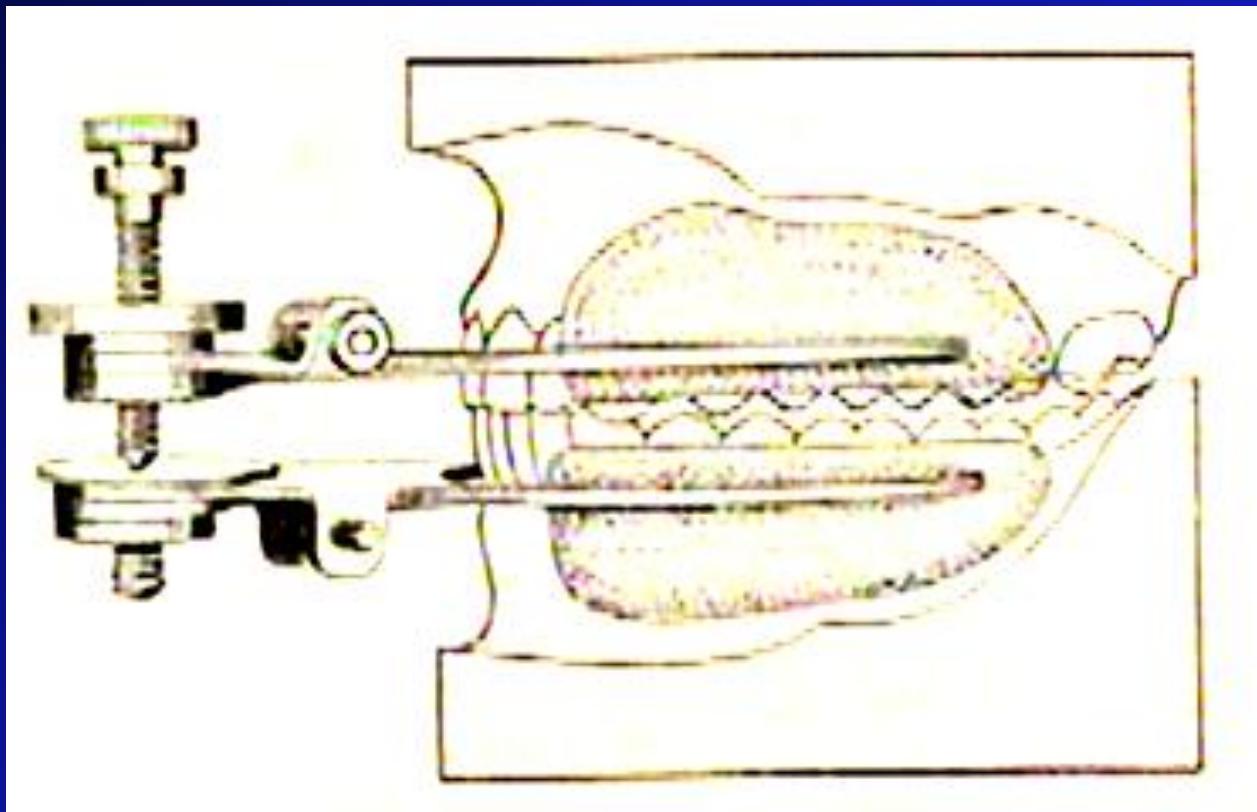


The resultant tracing

Sealing the upper and lower rims by plaster



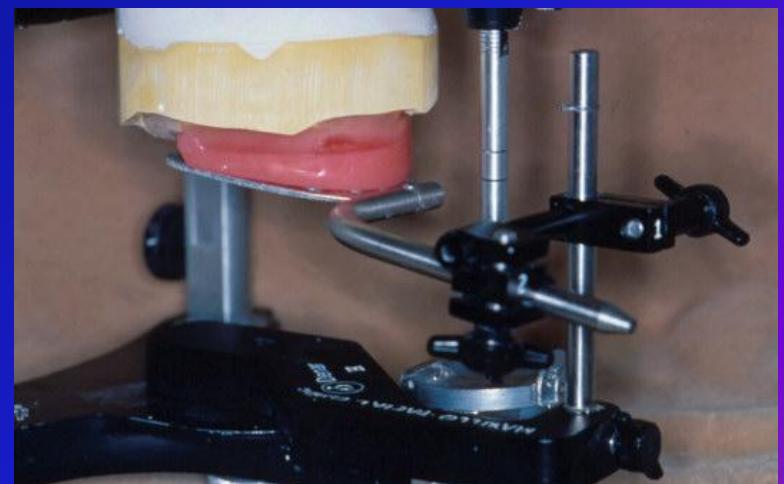
B- Extraoral Tracing



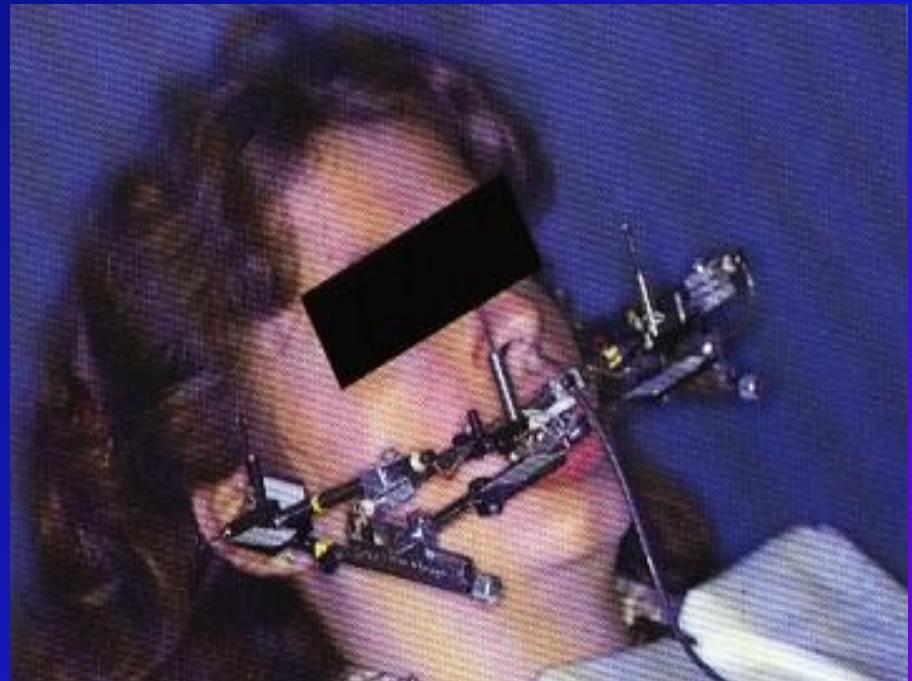
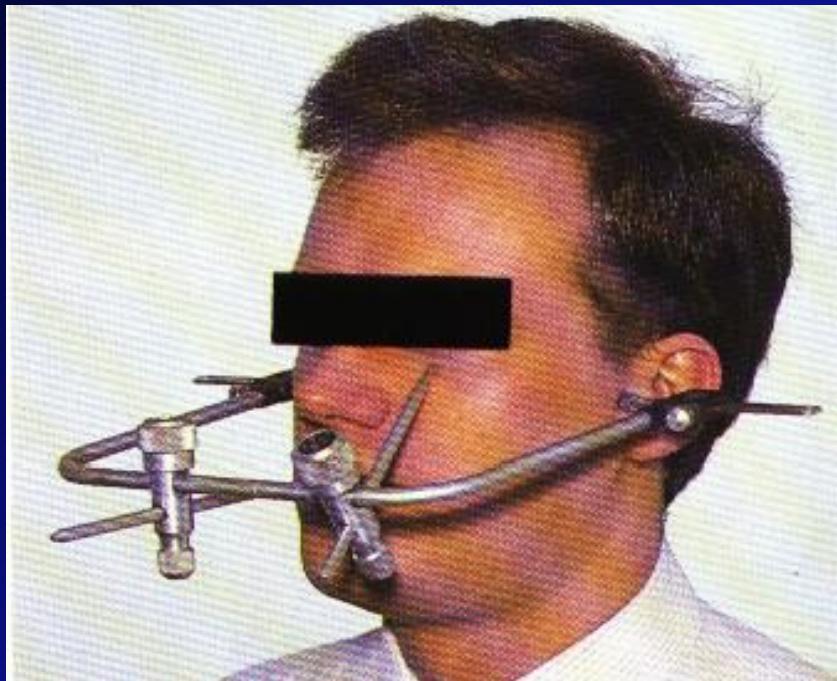
Relating the maxilla to the hinge axis

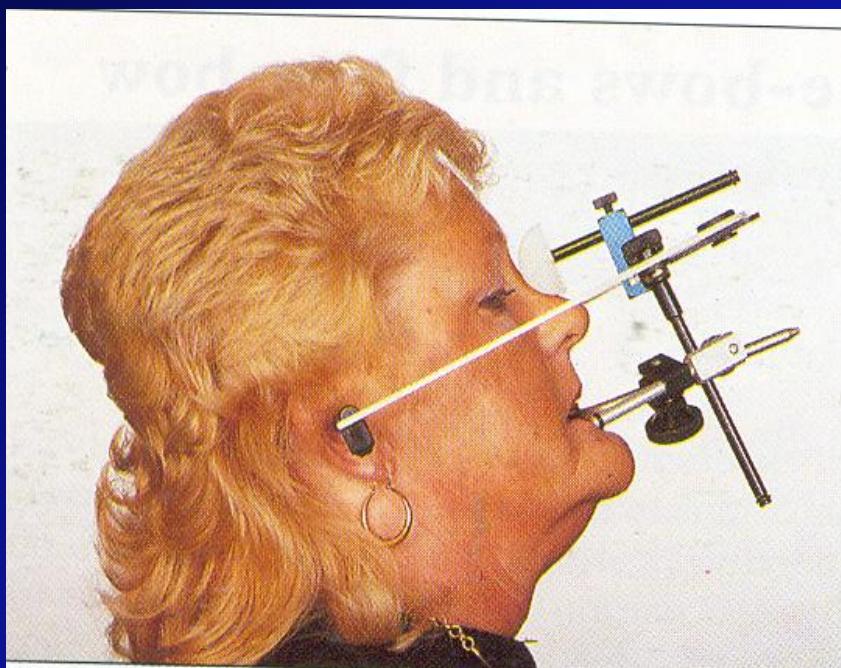
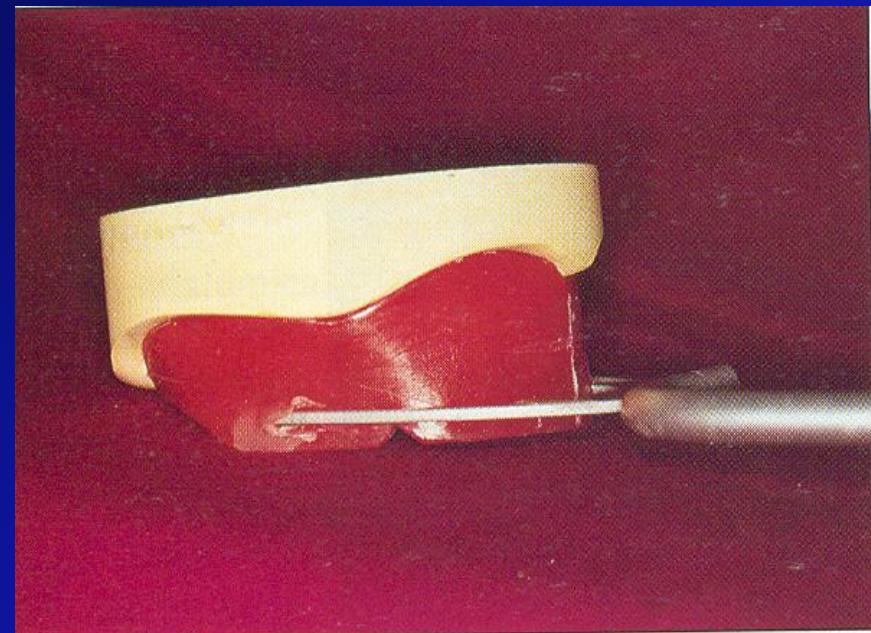


The facebow record and transfer



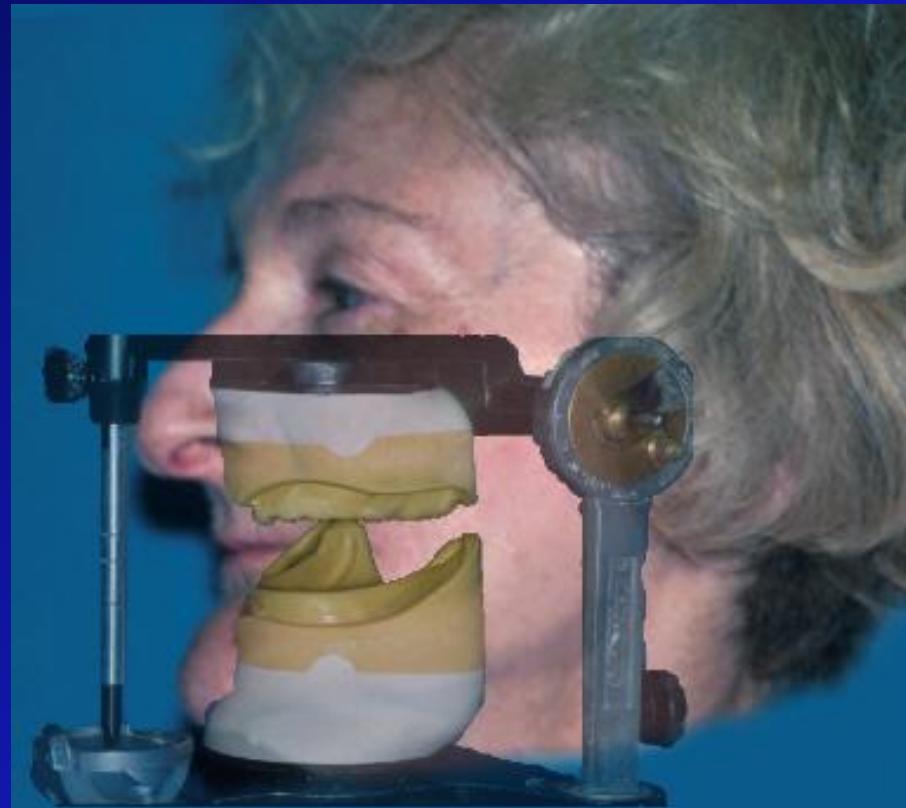
Arbitrary & Kinematics' Face-bows



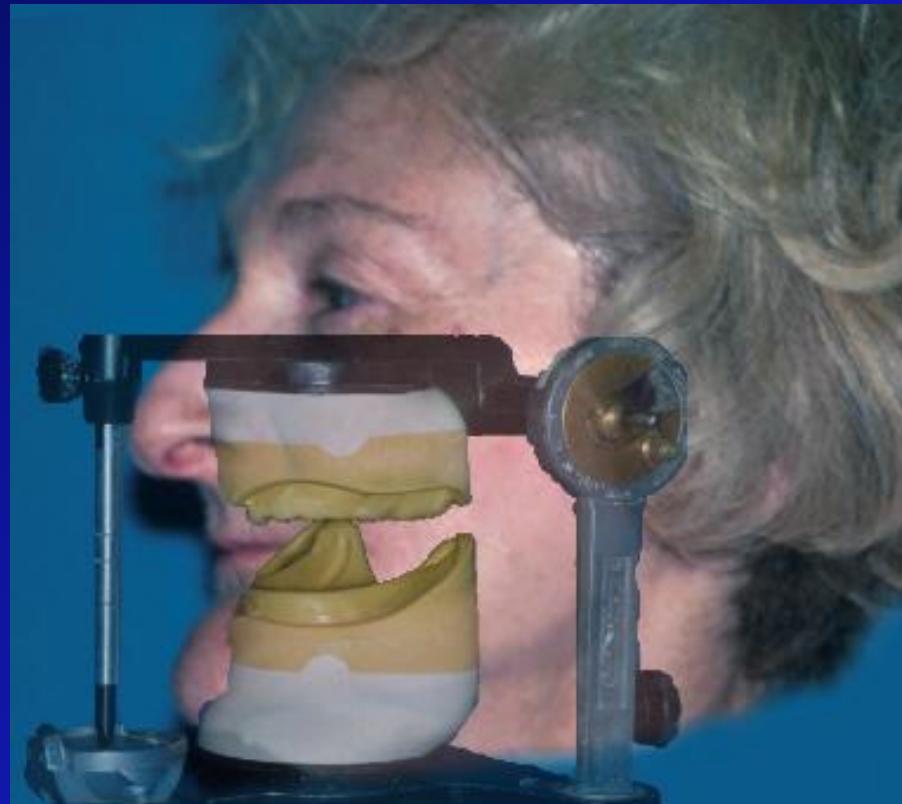
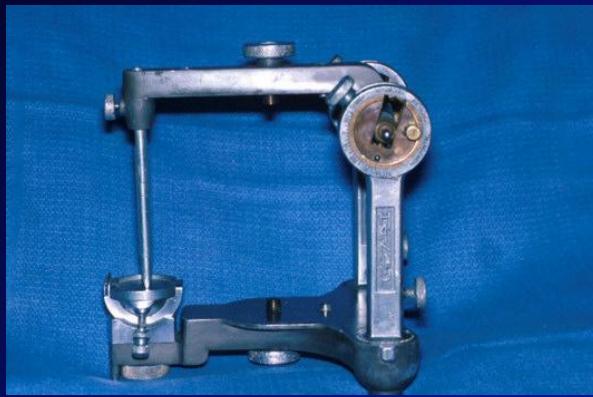




Mounting the casts on the articulator

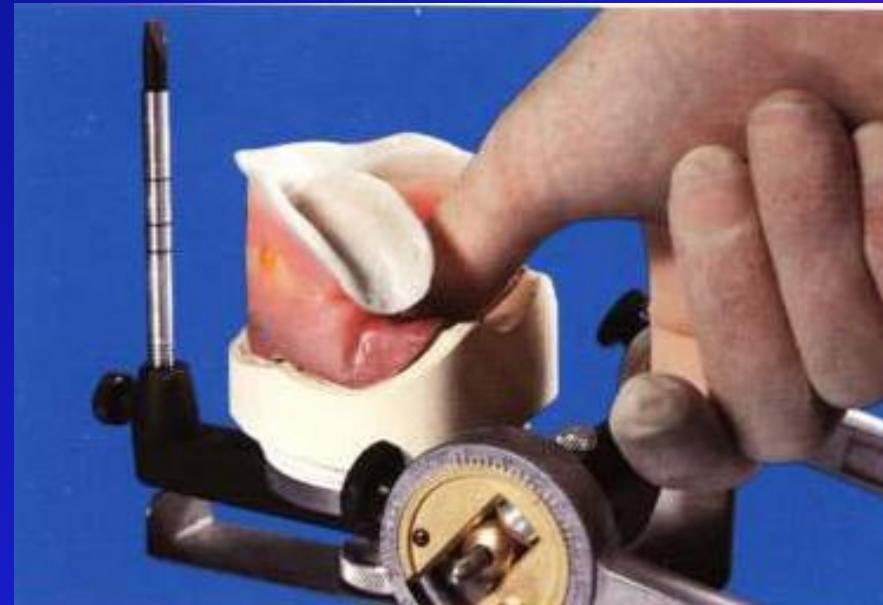


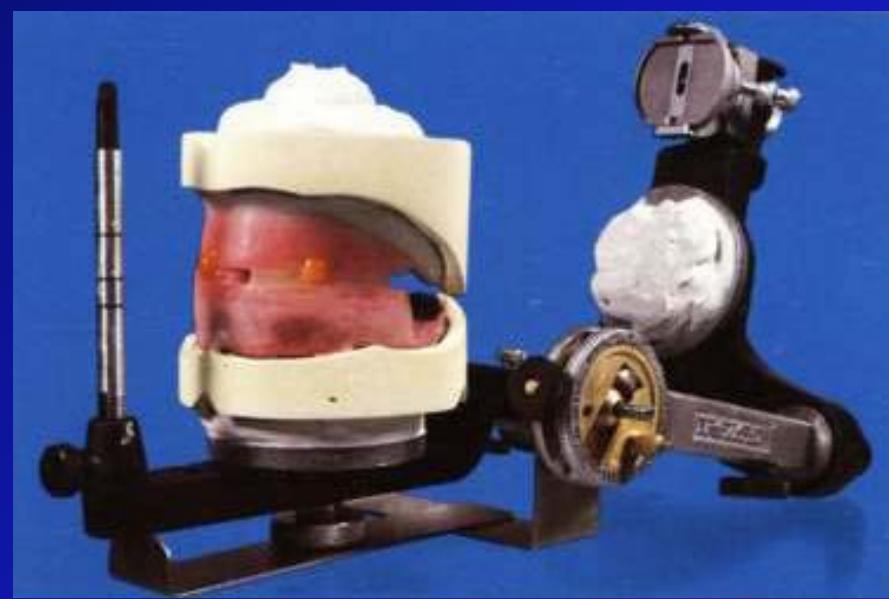
Transfer our patient's . . .
. . .maxillary and mandibular relationship. . .

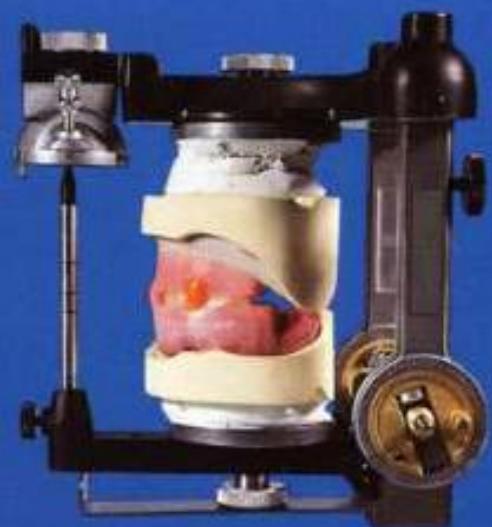


... to our articulator









THE END